


FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # <b>N46436</b> (4)		
1. Corporation Name <b>GREATER CENTRAL FLORIDA INTERNATIONAL AFFAIRS CO MISSION, INC.</b>		

FILED

96 SEP 19 AM 8:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>P O BOX 459 OCALA FLORIDA 34478</b>	Mailing Address <b>P O BOX 459 OCALA FLORIDA 34478</b>
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2. Principal Place of Business 21 <b>108 N. Magnolia Ave.</b> Suite, Apt. #, etc. 22 <b>#700</b> City & State 23 <b>Ocala, FL</b> Zip 24 <b>34470</b>	2a. Mailing Address 26 <b>P O Box 459</b> Suite, Apt. #, etc. 27 City & State 28 <b>Ocala, FL</b> Zip 29 <b>34478</b>	3. Date Incorporated or Qualified <b>12/11/1991</b>	3a. Date of Last Report <b>04/26/1995</b>	4. FEI Number <b>59-3107881</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>		
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>		
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>BRETT, WATTLES 110 E SILVER SPRINGS ROAD 600 NORTH BROADWAY SUITE 300 OCALA FL 34470</b>	10. Name and Address of New Registered Agent 81 Name <b>Peter Tesch</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>108 N. Magnolia Ave. #700</b> 83 84 City <b>Ocala</b> <b>FL</b> 85 Zip Code <b>34470</b>
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I, pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

(If Not Registered Agent Signature Required When Reinstating)

DATE

12. **TESCH, PETER J**  
TITLE  
**P O BOX 459**  
NAME  
**OCALA, FL 34478**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
WATTLES, BRETT  
110 EAST SILVER SPRINGS  
OCALA FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
GOSNELL, DARRYL  
2770 NORTHWEST 43RD ST.  
GAINESVILLE FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
NEALE, BETTY  
115 NORTH RIDGEWOOD DR.  
SEBRING FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP <b>PD Tesch, Peter J 108 N. Magnolia Ave. Ocala, FL 34470</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP <b><del>PD</del> <del>Tesch, Peter J</del> WATTLES, Brett 108 N. Magnolia Ave. Ocala, FL 34470</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <b>VP Lynda L. Weatherman 6767 N. Wickham Rd. #306 Melbourne, FL 32940</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <b>SD Wayne Kline 600 N. Broadway Ave #300 Bartow, FL 33830-3804</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> DELETE	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> DELETE	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the registrar or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Aug. 30, 1996**  
Date  
**352**  
**6290336**  
Daytime Phone