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Apr 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N46436** (4)

1. Corporation Name

**GREATER CENTRAL FLORIDA INTERNATIONAL AFFAIRS CO
MISSION, INC.**

Principal Place of Business

Mailing Address

**108 N. MAGNOLIA AVE.
#700
OCALA FL 34470
US**

**P.O. BOX 459
OCALA FL 34478-0459**

3. Date Incorporated or Qualified
12/11/1991

3a. Date of Last Report
09/19/1996

2. Principal Place of Business

2a. Mailing Address

21 600 N. Broadway,

26 600 N. Broadway,

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 300

27 Suite 300

City & State

City & State

23 Bartow, FL

28 Bartow, FL

Zip
24 33830

Country
25 U.S.

Zip
29 33830

Country
30 U.S.

4. FEI Number
59-3107881

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TESCH, PETER
108 N. MAGNOLIA AVE.
#700
OCALA FL 34470**

81 Name
Kline, D. Wayne

82 Street Address (P.O. Box Number is Not Acceptable)
600 N. Broadway, Suite 300

83

84 City
Bartow

85 Zip Code
FL 33830

11. 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 **D. Wayne Kline**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstalling)

4/14/97
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE
NAME **PD TESCH, PETER J**
STREET ADDRESS **108 N. MAGNOLIA AVE.**
CITY-ST-ZIP **OCALA FL 34470**

TITLE ☒ DELETE
NAME **D WATTLES, BRETT**
STREET ADDRESS **108 N. MAGNOLIA AVE.**
CITY-ST-ZIP **OCALA FL 34470**

TITLE ☒ DELETE
NAME **VP WEATHERMAN, LYNDA L**
STREET ADDRESS **6767 N. WICKHAM RD., #306**
CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE ☐ DELETE
NAME **SD KLINE, WAYNE**
STREET ADDRESS **600 N. BROADWAY AVE., #300**
CITY-ST-ZIP **BARTOW FL 33830-3804**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **V/D Haygood, George**
2.3 STREET ADDRESS **1626 SE Port St. Lucie Boulevard**
2.4 CITY-ST-ZIP **Port St. Lucie, FL 34952**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **S/T/D Lewis, Chuck**
3.3 STREET ADDRESS **107 Bushnell Plaza, Suite 100**
3.4 CITY-ST-ZIP **Bushnell, FL 33513**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **P/D Kline, Wayne**
4.3 STREET ADDRESS **600 N. Broadway, Suite 300**
4.4 CITY-ST-ZIP **Bartow, FL 33830**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 receiver 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 if changed, or on an attachment with an address.

CR2E037 (9/96)