

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N46826**

**(6)**

1. Corporation Name

**CITY OF LIGHT-ORLANDO, INC.**

Principal Place of Business

**75 SOUTH IVANHOE BLVD  
ORLANDO FL 32804**

Mailing Address

**75 SOUTH IVANHOE BLVD  
ORLANDO FL 32804**



**500001842265**  
05/29/96--01032--037

3. Date Incorporated by Qualified  
**01/15/1992**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

**21**

**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

City & State

City & State

**23**

**28**

Zip

Country

Zip

Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

**SCHRANK, EDWARD L  
75 SOUTH IVANHOE BOULEVARD  
ORLANDO FL 32804**

10. Name and Address of New Registered Agent

**81** Name

**WALTER R. NASON**

**82** Street Address (P.O. Box Number is Not Acceptable)

**75 South Ivanhoe Blvd**

**83**

**84** City

**Orlando**

**FL**

**85** Zip Code

**32804**

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

*[Signature]*

**Walter R. Nason**

**5/29/96**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	NUNIS, DICK	
STREET ADDRESS	75 SOUTH IVANHOE BLVD	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LEONHARDT, FREDERICK W.	
STREET ADDRESS	75 SOUTH IVANHOE BLVD	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	NASON, WALTER R.	
STREET ADDRESS	75 SOUTH IVANHOE BLVD	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HARRIS, EDDIE JR.	
STREET ADDRESS	75 SOUTH IVANHOE BLVD	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CARNEY, LUCY	
STREET ADDRESS	75 SOUTH IVANHOE BLVD	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	FREDERICK, BILL	
STREET ADDRESS	75 SOUTH IVANHOE BLVD	
CITY-ST-ZIP	ORLANDO FL 32804	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Dale Lindon	
13 STREET ADDRESS	c/o 75 S. Ivanhoe Blvd	
14 CITY-ST-ZIP	Orlando, FL 32804	
21 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Wayne Wolfson	
23 STREET ADDRESS	c/o 75 S. Ivanhoe Blvd	
24 CITY-ST-ZIP	Orlando, FL 32804	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Jacob V. Stuart	
43 STREET ADDRESS	75 S. Ivanhoe Blvd	
44 CITY-ST-ZIP	Orlando, FL 32804	
51 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Joel Hass	
53 STREET ADDRESS	c/o 75 S. Ivanhoe Blvd.	
54 CITY-ST-ZIP	Orlando, FL 32804	
61 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	Kenneth L. Medlin.	
63 STREET ADDRESS	c/o 75 S. Ivanhoe Blvd	
64 CITY-ST-ZIP	Orlando, FL 32804	

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**WALTER R. NASON**

Date

**4/29/96**

Daytime Phone #

**407-418-4444**

CR2E037 (12/95)