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 # N49282 (9)

1. Corporation Name
ORLANDO AREA INTER-FAITH SPONSORING COMMITTEE, I NC.

Principal Place of Business
% ST. JAMES CATHOLIC CATHEDRAL
P.O. BOX 1868
ORLANDO FL 32802

Mailing Address
% ST. JAMES CATHOLIC CATHEDRAL
P.O. BOX 1868
ORLANDO FL 32802

3. Date Incorporated or Qualified: 06/08/1992
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-3151613 — Applied For / Not Applicable

2. Principal Place of Business
21 209 E. Colonial DRIVE
22 Suite, Apt. #, etc.
23 City & State: ORLANDO, FLORIDA
24 Zip: 32801
25 Country: USA ~~ORANGE~~

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

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
SALMON, DENNIS M.
1100 LEE ROAD
ORLANDO FL 32810

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

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: _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required if on reinstatement)

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	SALMON, DENNIS M.	
STREET ADDRESS	1100 LEE ROAD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	☒ DELETE
NAME	PARRISH, DANIEL	
STREET ADDRESS	406 E. AMELIA STREET	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	SD	☐ DELETE
NAME	KURBER, ROBERT	
STREET ADDRESS	2432-10 TANDORI CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VP	☒ Change ☐ Addition
2.2 NAME	JARDON, SERGIO	
2.3 STREET ADDRESS	2113 E. SOUTH STREET	
2.4 CITY-ST-ZIP	ORLANDO, FL 32803	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	TREASURER	☐ Change ☒ Addition
4.2 NAME	PARRISH, DANIEL	
4.3 STREET ADDRESS	406 E. AMELIA STREET	
4.4 CITY-ST-ZIP	ORLANDO, FL 32803	
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 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: Rev. Dr. Daniel J. Parrish — MARCH 29, 1996 (Date) — 407-841-8902 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
REV. DR. DANIEL J. PARRISH

CR2E037 (12/95)

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