

# 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 # **N51125** (5)

1. Corporation Name

**COMMUNITY ISSUES FORUM, INC.**



Principal Place of Business

Mailing Address

**1290 PALMETTO AVENUE  
WINTER PARK FL 32789**

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WINTER PARK FL 32789**

3. Date Incorporated or Qualified  
**10/05/1992**

3a. Date of Last Report  
**08/25/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

**59-2865373**

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

**MORGAN, ULTIMA D.  
315 EAST ROBINSON STREET  
SUITE 600  
ORLANDO FL 32801**

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

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 **P** ☐ DELETE

NAME **ALLY, ART MILLER, BOB**

STREET ADDRESS **1292 WELLINGTON TERR. 411 WHITE OAK**

CITY-ST-ZIP **MAITLAND FL CIRCLE 32751**

TITLE **D** ☐ DELETE

NAME **NORMAN, GEORGE JACK**

STREET ADDRESS **306 WILD OLIVE LANE**

CITY-ST-ZIP **LONGWOOD FL**

TITLE **D** ☐ DELETE

NAME **PENNINGTON, WES**

STREET ADDRESS **442 RAYMOND AVENUE**

CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE **D** ☐ DELETE

NAME **KUCK, PAUL**

STREET ADDRESS **3034 HOFFNER AVENUE**

CITY-ST-ZIP **ORLANDO FL 32812**

TITLE **D** ☐ DELETE

NAME **NORMAN, JIM**

STREET ADDRESS **4445 OLD BEAR RUN**

CITY-ST-ZIP **WINTER PARK FL**

TITLE **D** ☐ DELETE

NAME **SCHWEIZER, MARK JR.**

STREET ADDRESS **2584 LAKE HOWELL LANE**

CITY-ST-ZIP **WINTER PARK FL 32792**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **PHARES NEINOL, PHARES**

1.3 STREET ADDRESS **222 SOUTH WESTMONTA DR, STE 208**

1.4 CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **HUNTER, BRANK**

2.3 STREET ADDRESS **5657 PITCH PINE DR**

2.4 CITY-ST-ZIP **ORLANDO, FL 32819**

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **ALLY, ART**

3.3 STREET ADDRESS **1292 WELLINGTON TERRACE**

3.4 CITY-ST-ZIP **MAITLAND, FL 32751**

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **MILNER, BILL**

4.3 STREET ADDRESS **PO BOX 950458**

4.4 CITY-ST-ZIP **LAKE MARY, FL 32795-0**

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME **NELSON, RICK**

5.3 STREET ADDRESS **PO BOX 540774**

5.4 CITY-ST-ZIP **ORLANDO, FL 32854-0774**

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME **JOHNSON, JUDY MAESEN**

6.3 STREET ADDRESS **4333 NORTH LAKE ORLANDO**

6.4 CITY-ST-ZIP **PKWY, ORLANDO, FL 32288**

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

Date

Daytime Phone #

CR037 (12/95)