

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 # N92000000264 (3)

1. Corporation Name

THE EXODUS PROJECT, INC.



Principal Place of Business

3826 MITCHELL ROAD  
ORLANDO FL 32808

Mailing Address

3826 MITCHELL ROAD  
ORLANDO FL 32808

3. Date Incorporated or Qualified  
11/16/1992

3a. Date of Last Report  
04/10/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

BARTH, MARK  
3826 MITCHELL ROAD  
ORLANDO FL 32808

4. FEI Number

59-3150248

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

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

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 ☐ DELETE  
NAME BARTH, MARK W  
STREET ADDRESS 3826 MITCHELL ROAD  
CITY-ST-ZIP ORLANDO FL

TITLE STD ☐ DELETE  
NAME BARTH, CYNTHIA J  
STREET ADDRESS 3826 MITCHELL ROAD  
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ DELETE  
NAME WEEKS, PHILIP E  
STREET ADDRESS % 3826 MITCHELL ROAD  
CITY-ST-ZIP ORLANDO FL 32808

TITLE D ☐ DELETE  
NAME HUGHES, JACK  
STREET ADDRESS 2713 CASTLE OAK AVE.  
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ DELETE  
NAME ADAMS, SHANNON  
STREET ADDRESS 386 CROTON DR.  
CITY-ST-ZIP MAITLAND FL

TITLE D ☐ DELETE  
NAME ADAMS, DALE  
STREET ADDRESS 386 CROTON DR  
CITY-ST-ZIP MAITLAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition  
1.2 NAME McDONNIO, GREG  
1.3 STREET ADDRESS 301 BENTLEY ST  
1.4 CITY-ST-ZIP ORLANDO FL 32765

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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:

Mark Barth

MARK BARTH (PRESIDENT)

4-1-96

407-298-5094

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)