FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 FEB 13 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N92000000696 (6)

1. Corporation Name

CENTRAL FLORIDA RESALE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
485 S. ORLANDO AVE MAITLAND FL 32751	485 S. ORLANDO AVE MAITLAND FL 32751

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/09/1992
3a. Date of Last Report: 01/24/1994
4. FEI Number: NOT APPLICABLE — ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26 2438 E. Robinson St
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 c/o Joanne's 2nd Time Around
City & State 23	City & State 28 Orlando FL
Zip / Country 24 / 25	Zip / Country 29 32803 / 30 Orange

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STANLEY, FREDERIC JR
990 DOUGLAS AVE
SUITE 100
ALTAMONTE SPRINGS FL 32714

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 607.0502 and 607.1508, 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 607.0505, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☑ Change ☐ Addition SP
NAME	SHOPE, DEE	1.2 NAME	Linda Lisi-Tenen
STREET ADDRESS	792 STATE RD 434	1.3 STREET ADDRESS	6309 Grand National Drive
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	1.4 CITY-ST-ZIP	Orlando, FL 32819
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition VP
NAME	HOOSE, DEBBIE	2.2 NAME	Debbie Gresham
STREET ADDRESS	851 E HWY 434	2.3 STREET ADDRESS	601 East Hwy 434
CITY-ST-ZIP	LONGWOOD FL	2.4 CITY-ST-ZIP	Longwood FL 32750
TITLE	D	3.1 TITLE	☑ Change ☐ Addition T
NAME	DAY, MARY	3.2 NAME	Joanne F. Barnes
STREET ADDRESS	485 S ORLANDO AVE	3.3 STREET ADDRESS	2438 E. Robinson St
CITY-ST-ZIP	MAITLAND FL 32751	3.4 CITY-ST-ZIP	Orlando, FL 32803
TITLE	S	4.1 TITLE	☑ Change ☐ Addition SD
NAME	WILLIS, BOB	4.2 NAME	Dee Shope
STREET ADDRESS	2517 CURRY FORD RD	4.3 STREET ADDRESS	200 S. Hwy 434 #1072
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	Altamonte Springs FL 32714
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	AR 2/16

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)(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.

SIGNATURE: Joanne F. Barnes — 2/1/95 — 407-898-8067
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Joanne F. Barnes, Treasurer

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