

# 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 # N92000000696 (6)**

1. Corporation Name

**CENTRAL FLORIDA RESALE ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**485 S. ORLANDO AVE  
MAITLAND FL 32751**

**2438 E ROBINSON ST  
C/O JOANNE'S 2ND TIME AROUND  
ORLANDO FL 32803**

3. Date Incorporated or Qualified  
**12/09/1992**

3a. Date of Last Report  
**02/13/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number  
**NOT APPLICABLE**

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

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

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  
NAME LISI-TENEN, LINDA  
STREET ADDRESS 6309 GRAND NATIONAL DRIVE  
CITY-ST-ZIP ORLANDO FL 32819 ☐ DELETE

TITLE VP  
NAME GRESHAM, DEBBIE  
STREET ADDRESS 851 EAST HWY 434  
CITY-ST-ZIP LONGWOOD FL 32750 ☐ DELETE

TITLE T  
NAME BARNES, JOANNE F  
STREET ADDRESS 2438 E ROBINSON ST  
CITY-ST-ZIP ORLANDO FL 32803 ☐ DELETE

TITLE SD  
NAME SHOPE, DEE  
STREET ADDRESS 200 S HWY 434 #1072  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Same ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 3103 W. Colonial Dr  
1.4 CITY-ST-ZIP Orlando, FL 32808

2.1 TITLE VP ☒ Change ☐ Addition  
2.2 NAME Speedman, Terry  
2.3 STREET ADDRESS 1590 E. Silver Star Road  
2.4 CITY-ST-ZIP Ocoee, FL 34761

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:

*Joanne F. Barnes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-96

407-898-8057

Date

Daytime Phone #

CR2E037 (12/95)