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NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

N9300000680 (9)

CENTRAL FLORIDA CRICKET LEAGUE ASSOCIATION, INC.

Principal Place of Business

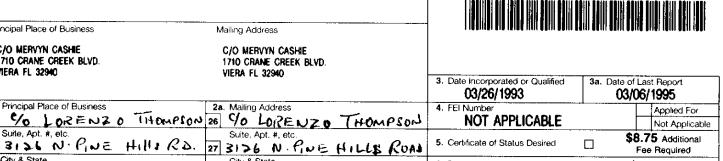
Mailing Address

C/O MERVYN CASHIE 1710 CRANE CREEK BLVD. VIERA FL 32940

2. Principal Place of Business

Suite, Apt. #, etc

C/O MERVYN CASHIE 1710 CRANE CREEK BLVD. VIERA FL 32940



City & State \$5.00 May Be 6. Election Campaign Financing 23 ORLANDE FLORIDA FLORIDA ORLANDO Trust Fund Contribution Added to Fees Country Zip Country Zφ 8. This corporation has liability for intangible tax under s. 199.032, 37808 AZN 37808 25 29

9. Name and Address of Current Registered Agent

CASHIE, MERVYN 1710 CRANE CREEK BLVD. **VIERA FL 32940**

22 3126 N. PINE HILL RD.

U	í M	Florida Statu	tes		M No						
	10. Name and Address of New Registered Agent										
81	Name Lo	RENZO	THO	MPSO	N						
82	Street Addres	s (P.O. Box Numb リのピナド	Fis Not Acce	otable)	ROAS	<u> </u>					
83											
9.4	City				Teel 5	t- O-d-					

CHY DRLAND O FL |85 32808

l or register	ed agent, or both. In the State of Florida. Si	uch change was authorized.	the above-named or by the corporation's	orporation submits this statement for the purp board of directors. I hereby accept the appoi	ose of changing its registered office intment as registered agent. I am
	th, and accept the old gations of, Section 6		-This DS	ON PRESIDENT	6 hartes
SIGNATURE .			Registereo Agent signature i		DAT 70
12.	OFFICERS AND DIR		13.	ADDITIONS/CHANGES TO OFFIC	DERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TIFLE	PD	Change Addition
NAME	Cashie, Mervyn		1.2 NAME	LORENZO THOMP	20N _
STREET ADDRESS	1710 CRANE CREEK BLVD.		1.3 STREET ADDRESS	LORENZO THOMP 3126 NORTH PINE	HILL ROAD
CITY-ST-ZIP	VIERA FL 32940	,	1.4 CITY - ST - ZIP	ORLANDO, FL 33	
TITLE	VD	DELETE	2.1 TITLE	VD	Change Addition
NAME	JONES, MC CLAREN		2.2 NAME	CHAE CHEDIEF	
STREET ADDRESS	127 HONEY WOOD AVE.		2 3 STREET ADDRESS	SHAF SHERIFF 8151 LESIA CIRC	(€
CITY-ST-ZIP	KISSIMMEE FL 34743		2 4 CITY - ST - 2)P	DIZLANDO, FLORIAD	32835
TITLE	TD	☐ DELETE	3 1 TITLE		Change Addition
NAME	S#MON, PHILIP		3.2 NAME		
STREET ADDRESS	12825 ILLINOIS WOODS LANE		33 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32824	/	3.4. CITY-ST-ZIP		_
TITLE	SD	₫ 0£L€T£	41 TITLE	\$.D	Change Addition
NAME	WILLIAMSON, DESMOND		4 2 NAME	DESMOND YUNG	, C
STREET ADDRESS	P. O. BOX 061872 N/A		43 STREET ADDRESS	DESMOND DUNCE	IF AVENUE
CITY-ST-ZIP	PALM BAY FL 32906		4.4 CITY - ST - ZIP	WINTER PARK, PL	31797
TITLE		DELETE	51 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CłTY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - 7IP			SACITY OF TID		

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 EN WING OFFICER OR DIRECTOR

1 REASURER

6-14-96

Daytime Phone #

CR2E037 (12/95)