FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

CITY-ST-ZIP

STREET ADDRESS

TITLE NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 N93000002839 (9)

Principal Plac 255 S. ORANG SUITE 800	E AVE.	Mailing Address 255 \$. ORANGE AVE. SUITE 800						
ORLANDO FL 32801 ORLANDO FL 32801-3452					3. Date Incorporated or Qualified 06/23/1993	3a. Da	te of Last 04/24/18	Report 996
2. Principal P	2. Principal Place of Business 2a. Mailing Address				4. FEI Number 59-3197932	Applied For Not Applicable		
Suffe, Apt. #, etc.		Suite, Apt. #, etc.	 		5. Certificate of Status Desired	d 🗆 \$8.75 Additional Fee Required		
City & Stat		City & State	<u>-</u>		Election Campaign Financing Trust Fund Contribution			May Be I to Fees
Zip 24	Country 25		Countr 30	y 		Yes 🛚	No No	s. 199.032,
	9. Name and Address of Curr	ent Registered Agent		T	10. Name and Address of New R	egistered A	Agent	
SMITH, W. KELLY 255 S. ORANGE AVE. SUITE 800 ORLANDO FL 32801			81		dress (P.O. Box Number is Not Accepta	ible)		
			83	<u></u>		FL	85 Zip	Code
SIGNATURE	Signature, typed or printed name of registered a				poration submits this statement for the tion's board of directors. I hereby acce fred when reinstaling) ADDITIONS/CHANGES TO OFF I	DATE		
TITLE	D OFFICENS A	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFF	OLITO AND	Change	
NAME	SMITH, W. KELLY	C Otten					cliarge	L-3 Addition
	255 S. ORANGE AVE., SUIT	E 900	1.2 NAME	I ADDRESS				
STREET ADDRESS	ORLANDO FL 32801	2 000	***************************************					
CITY-\$T-ZIP	D DELETE			ST-ZIP			Change	Addition
NAME	MACARTHUR, WILLIAM		2.1 TITLE 2.2 NAME			'	CT CHAIR	
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP	ORLANDO FL		2. 4 CITY-	i i				
TITLE	D	DELETE					☐ Change	Addition
NAME	SMITH, JOHN							
STREET ADDRESS	8501 COMMODITY CIRCLE		3.3 STREE	T ADDRESS				
CITY-ST-ZIP	ORLANDO FL		3.4. CITY-	ST-ZIP				····
TITLE		☐ DELETE	4.1 TITLE				Change	☐ Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	T ADDRESS				
CITY-ST-ZIP		The sec	4.4 CITY -	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			S 3 STREE	T ADDRESS				

CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing 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.

W. Kelly Smith Vice Prospective.

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

Change

FILED

Apr 08 1997 8:00am

Secretary of State