

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N93000003575 (8)**

1. Corporation Name

ORANGE COUNTY CITIZENS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

P.O. BOX 1393
SUITE 168
ORLANDO, FL 32802-1393
US

P.O. BOX 1393
SUITE 168
ORLANDO, FL 32802-1393
US

3. Date Incorporated or Qualified
08/04/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **3300 S. HAWASSER RD**

26

Suite, Apt. #, etc

Suite, Apt. #, etc

22 **107**

27

Suite, Apt. #, etc

23 **ORLANDO FLA**

28

City & State

24 **32835**

25

Country

25 **ORANGE**

29

Country

4. FEI Number
59-3200494

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

CENTER FOR PARALEGAL SERVICES INC.
ATTN: S. D'ASTO
16 WEST PINE STREET
ORLANDO FL 32801

81 Name **Robert Freeman**
82 Street Address (P.O. Box Number is Not Acceptable)
6348 Cooper's Green Ct.
83
84 City **ORLANDO** FL 85 Zip Code **32819**

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

Robert Freeman

(NOTE: Registered Agent signature required when reinstating)

DATE **7-15-96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SPEARS, RICHARD L	
STREET ADDRESS	9132 RIDGE PINE TRAIL	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ELROD, CARYL	
STREET ADDRESS	425 W. COLONIAL DRIVE	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PUHEK, JOHN	
STREET ADDRESS	4425 WINDWOOD CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	DOBESH, DON	
STREET ADDRESS	8954 JONATHAN MANOR DRIVE	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Freeman, Robert A.	
1.3 STREET ADDRESS	6348 Cooper's Green Court	
1.4 CITY-ST-ZIP	Orlando, FL 32819	
2.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Chira, Lee	
2.3 STREET ADDRESS	9216 Bay Point Drive	
2.4 CITY-ST-ZIP	Orlando, FL 32819	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **X**

Lee Chira
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0004186

CR2E037 (3/96)