

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N93000003606 (1)

1. Corporation Name

CITIZENS FOR A BETTER NEIGHBORHOOD, INC.



Principal Place of Business

Mailing Address

18555 OLD CHENEY HWY  
ORLANDO FL 32820

P.O. BOX 532  
CHRISTMAS FL 32709-0532

3. Date Incorporated or Qualified  
08/10/1993

3a. Date of Last Report  
07/31/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3199667

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$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

JVIDEN, DAVID  
1255 SAINT NICHOLAS AVENUE  
CHRISTMAS FL 32709-0532

81 Name JOSEPH SCUDERI

82 Street Address (P.O. Box Number is Not Acceptable)  
750 N. 6TH STREET

84 City ORLANDO

FL

85 Zip Code 32820

I, 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: JOSEPH SCUDERI Pres, 4-1-96  
Signature, typed or printed name of registered agent and title, if applicable (INCORP - Registered Agent Signature required when reinstating) DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME	D SCUDERI, JOSEPH	<input type="checkbox"/> DELETE
STREET ADDRESS	750 N. 6TH STREET	
CITY-ST-ZIP	ORLANDO FL 32820	
TITLE NAME	D JVIDEN, DAVID	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	1255 SAINT NICHOLAS AVE	
CITY-ST-ZIP	CHRISTMAS FL 32709-0532	
TITLE NAME	D GRAHM, KENDALL	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	18310 BELVEDERE ROAD	
CITY-ST-ZIP	ORLANDO FL 32820-2319	
TITLE NAME	T WHITE, MARY	<input type="checkbox"/> DELETE
STREET ADDRESS	18869 2ND AVE	
CITY-ST-ZIP	ORLANDO FL 32820-2319	
TITLE NAME	T MORESCO, ELAINE	<input type="checkbox"/> DELETE
STREET ADDRESS	2015 10TH ST	
CITY-ST-ZIP	ORLANDO FL 32820-2319	
TITLE NAME	T MORESCO, INEZ	<input type="checkbox"/> DELETE
STREET ADDRESS	18546 1ST AVENUE	
CITY-ST-ZIP	ORLANDO FL 32820-2319	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	D SHIRLEY BROWN
23 STREET ADDRESS	18610 116TH AVE.
24 CITY-ST-ZIP	ORLANDO Florida 32833
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	DR LINDA PARKER
33 STREET ADDRESS	18234 BELVEDERE RD.
34 CITY-ST-ZIP	ORLANDO Florida 32820
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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: JOSEPH SCUDERI Pres, 407-568-0739  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

4-1-96

CR2E037 (12/95)