

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Brenda B. Northen
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 2:36

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1. Corporation Name

CLEAN LAKES COALITION OF CENTRAL FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

390 NORTH ORANGE AVENUE
SUITE 1100
ORLANDO FL 32801

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SUITE 1100
ORLANDO FL 32801

3. Date Incorporated or Qualified **10/04/1993** 3a. Date of Last Report **05/01/1994**
4. FEI Number **APPLIED FOR 59-3269721** Applied For ☐
Not Applicable ☒

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
22. City & State	27. City & State	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required
23. Zip	28. Zip	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No
24. Country	29. Country	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FL INC.
390 NORTH ORANGE AVENUE
SUITE 1100
ORLANDO FL 32801

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	CARLSON, BILL	1.2 NAME	
STREET ADDRESS	9955 LAKE GEORGIA DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32817	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	CONNOLLY, ANN	2.2 NAME	
STREET ADDRESS	4228 APOPKA VINELAND ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	WINDERMERE FL 34788	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	DOYLE, LEECIE	3.2 NAME	
STREET ADDRESS	5012 ST. DENNIS COURT	3.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32817	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	DUTTON, ART	4.2 NAME	
STREET ADDRESS	9953 LAKE GEORGIA DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32817	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	FETZER, DAN	5.2 NAME	
STREET ADDRESS	7627 LAKE MARSHA DRIVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32819	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	FIELDS, RANDY	6.2 NAME	
STREET ADDRESS	1237 WINDSONG ROAD	6.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32809	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 110.07(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: Ann V. Connolly ANN V. CONNOLLY 4/6/95 467/874/4086
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Director