FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000000129 (6)**

1. Corporation Name

THE CENTER FOR CULTURAL DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
891 SOUTH CEDAR CIRCLE TAVARES FL 32778	891 SOUTH CEDAR CIRCLE TAVARES FL 32778

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/03/1994
3a. Date of Last Report:
4. FEI Number: 59-3224654 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

PASKIET, SHERRIE L
COMPREHENSIVE BUSINESS SERVICES
2502 EAST ORANGE AVE.
EUSTIS FL 32726

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	HEIM, BRENDA A	12 NAME	
STREET ADDRESS	891 S. CEDAR CIRCLE	13 STREET ADDRESS	
CITY ST ZIP	TAVARES FL 32778	14 CITY ST ZIP	
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	GERBER, RHONDA	22 NAME	
STREET ADDRESS	315 W. MAIN ST.	23 STREET ADDRESS	
CITY ST ZIP	TAVARES FL 32778	24 CITY ST ZIP	
TITLE	DS	31 TITLE	☐ Change ☐ Addition
NAME	JACKSON, ALVIN B JR.	32 NAME	
STREET ADDRESS	315 WEST MAIN ST.	33 STREET ADDRESS	
CITY ST ZIP	TAVARES FL 32778	34 CITY ST ZIP	
TITLE	DT	41 TITLE	☐ Change ☐ Addition
NAME	SORRELL, LYNNE	42 NAME	
STREET ADDRESS	2701 S. BAY ST.	43 STREET ADDRESS	
CITY ST ZIP	EUSTIS FL 32726	44 CITY ST ZIP	
TITLE	D	51 TITLE	☒ Change ☐ Addition
NAME	MIDDLETON, HARLOW C	52 NAME	DELETE
STREET ADDRESS	699 E. 5TH AVE.	53 STREET ADDRESS	
CITY ST ZIP	MT DORA FL 32757	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	SPENCER, JEANINE	62 NAME	
STREET ADDRESS	55 WEST ARDICE AVE.	63 STREET ADDRESS	
CITY ST ZIP	EUSTIS FL 32726	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)(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.

SIGNATURE: Brenda A. Heim BRENDA A. HEIM 4/28/95 904/343-8205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000128