

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 # N94000000222 (9)

1. Corporation Name

THE VILLAGE PLAYERS OF OVIEDO, INC.



Principal Place of Business

**225 CAROLINA WAY
GENEVA FL 32732**

Mailing Address

**P O BOX 1664
OVIEDO FL 32765
US**

3. Date Incorporated or Qualified
01/14/1994

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

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3232601

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

22

27

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

23

28

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☐ No

24

25

Country

29

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MAHAFFEY, JOHN D JR
3438 LAWTON ROAD
SUITE 200
ORLANDO FL 32803**

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 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

Signature, typed or printed name of registered agent and filer in application

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD
HARRELSON, JESSIE C**
STREET ADDRESS **225 CAROLINA WAY**
CITY-ST-ZIP **GENEVA FL**

TITLE ☐ DELETE

NAME **D
BENSON, JOHN**
STREET ADDRESS **1058 GYWN CIRCLE**
CITY-ST-ZIP **OVIEDO FL**

TITLE ☒ DELETE

NAME **D
LUCAS, VIKKI A**
STREET ADDRESS **1094 FOREST CREEK DR**
CITY-ST-ZIP **WINTER SPRINGS FL**

TITLE ☐ DELETE

NAME **S
BREWER, BONNY**
STREET ADDRESS **1018 SHINNECOCK HILLS DR**
CITY-ST-ZIP **OVIEDO FL**

TITLE ☒ DELETE

NAME **D
BUTLERWORTG, MYLINDA**
STREET ADDRESS **1721 CANOE CREEK RD**
CITY-ST-ZIP **OVIEDO FL**

TITLE ☒ DELETE

NAME **D
STERLING, ANNE MARIE**
STREET ADDRESS **1180 ALLENDALE DR**
CITY-ST-ZIP **OVIEDO FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **MAWHINNEY, CAROLE, DIRECTOR**

1.3 STREET ADDRESS **1455 THORNHILL CIRCLE**

1.4 CITY-ST-ZIP **OVIEDO FL 32765**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Jessie C. Harrelson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-96 **407-365-3262**
Date Daytime Phone #

CR2E037 (12/95)