

# 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 # N94000001318 (4)**

1. Corporation Name

**PARRAMORE HERITAGE RENOVATION FOUNDATION, INC.**



Principal Place of Business

Mailing Address

**423 WEST SOUTH STREET  
ORLANDO FL 32801-2512**

**423 WEST SOUTH STREET  
ORLANDO FL 32801-2512**

3. Date Incorporated or Qualified  
**03/10/1994**

3a. Date of Last Report  
**08/15/1995**

2. Principal Place of Business

2a. Mailing Address

**21 423 West South Street**  
Suite, Apt. #, etc.

**26 423 West South Street**  
Suite, Apt. #, etc.

**22**

**27**

City & State  
**23 Orlando, FL**

City & State  
**28 Orlando, FL**

Zip Country  
**24 32801 25 ORANGE**

Zip Country  
**29 32801 30 ORANGE**

4. FEI Number  
**59-3233707**

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

**MATHIS, JACINTA M  
605 E. ROBINSON ST.  
SUITE 630  
ORLANDO FL 32801**

**81 Name  
JACINTA M. MATHIS**

**82 Street Address (P.O. Box Number is Not Acceptable)  
5979 Vineland Road, Ste. 300**

**83 Suite 300**

**84 City  
Orlando**

**FL**

**85 Zip Code  
32801**

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 title if applicable

(NOTE: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **TR**  
STREET ADDRESS **ARMSTEAD, RALPH**  
CITY-ST-ZIP **1036 W. AMELIA ST.  
ORLANDO FL**

TITLE ☐ DELETE  
NAME **PR**  
STREET ADDRESS **CLARK, MERCERDESE**  
CITY-ST-ZIP **730 WOODS AVE.  
ORLANDO FL 32805**

TITLE ☐ DELETE  
NAME **SED**  
STREET ADDRESS **MURRAY, GLORIA**  
CITY-ST-ZIP **734 JERNIGAN AVENUE  
ORLANDO FL 32805**

TITLE ☐ DELETE  
NAME **DVP**  
STREET ADDRESS **ROSS, JAMES**  
CITY-ST-ZIP **1733 AMERICANA BLVD., #4  
ORLANDO FL 32809**

TITLE ☐ DELETE  
NAME **MEMBER**  
STREET ADDRESS **SMITH, OTIS**  
CITY-ST-ZIP **P.O. Box 76  
ORLANDO, FL 32801-1114**

TITLE ☐ DELETE  
NAME **MEMBER**  
STREET ADDRESS **MORRIS, W.D.**  
CITY-ST-ZIP **525 E. South St.  
ORLANDO, FL 32801**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☒ Addition  
2. NAME **MEMBER**  
3. STREET ADDRESS **GELZER, BETTY**  
4. CITY-ST-ZIP **825 W. WASHINGTON ST.  
ORLANDO, FL 32805**

2. TITLE ☐ Change ☒ Addition  
3. NAME **MEMBER**  
4. STREET ADDRESS **EVERETT, DONALD**  
5. CITY-ST-ZIP **1019 W. JEFFERSON ST.  
ORLANDO, FL 32805**

3. TITLE ☐ Change ☒ Addition  
4. NAME **MEMBER**  
5. STREET ADDRESS **CHARLES, MERoy**  
6. CITY-ST-ZIP **724 WEST BENTLEY ST.  
ORLANDO, FL 32805**

4. TITLE ☐ Change ☒ Addition  
5. NAME **MEMBER**  
6. STREET ADDRESS **JOHNSTON, ROBERT**  
7. CITY-ST-ZIP **369 NORTH NEW YORK AVENUE  
WINTER PARK, FL**

5. TITLE ☐ Change ☐ Addition  
6. NAME  
7. STREET ADDRESS  
8. CITY-ST-ZIP

6. TITLE ☐ Change ☐ Addition  
7. NAME  
8. STREET ADDRESS  
9. 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: MERCERDESE R. CLARK**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/31/96 (407) 843-2552**  
Date Daytime Phone #

CR2E037 (12/95)