

6-13-97 15-7827 C
FILE NOW: FILING FEE IS \$61.25

FILED
Jun 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000001318 (4)**

1. Corporation Name

PARRAMORE HERITAGE RENOVATION FOUNDATION, INC.



Principal Place of Business 423 WEST SOUTH STREET ORLANDO FL 32801 US	Mailing Address 423 WEST SOUTH STREET ORLANDO FL 32801-4706 US
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3. Date Incorporated or Qualified **03/10/1994** 3a. Date of Last Report **02/07/1996**

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

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 MATHIS, JACINTA M 597Q VINELAND ROAD SUITE 300 ORLANDO FL 32801	
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10. Name and Address of New Registered Agent	
81 Name Sharon L. Wiley	
82 Street Address (P.O. Box Number is Not Acceptable) 423 West South Street	
83	
84 City Orlando	85 Zip Code FL 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 Sharon L. Wiley (NOTE: Registered Agent signature required when reinstating) DATE 4/28/97

12. OFFICERS AND DIRECTORS	
TITLE	TR <input type="checkbox"/> DELETE
NAME	ARMSTEAD, RALPH
STREET ADDRESS	1036 W. AMELIA ST.
CITY-ST-ZIP	ORLANDO FL
TITLE	PR <input checked="" type="checkbox"/> DELETE
NAME	CLARK, MERCERDESE
STREET ADDRESS	730 WOODS AVE.
CITY-ST-ZIP	ORLANDO FL 32805
TITLE	SED <input checked="" type="checkbox"/> DELETE
NAME	MURRAY, GLORIA
STREET ADDRESS	734 JERNIGAN AVENUE
CITY-ST-ZIP	ORLANDO FL 32805
TITLE	DVP <input checked="" type="checkbox"/> DELETE
NAME	ROSS, JAMES
STREET ADDRESS	1733 AMERICANA BLVD., #4
CITY-ST-ZIP	ORLANDO FL 32809
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PR/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ARMSTEAD, RALPH
1.3 STREET ADDRESS	1036 W. Amelia St.
1.4 CITY-ST-ZIP	Orlando, FL 32805
2.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Charles, Meroy
2.3 STREET ADDRESS	724 W. Bentley St.
2.4 CITY-ST-ZIP	Orlando, FL 32805
3.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	HUMPHREY, JAMES
3.3 STREET ADDRESS	4000 Kirkland Blvd
3.4 CITY-ST-ZIP	Orlando, FL 32805
4.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MORRIS, W.D.
4.3 STREET ADDRESS	2211 E. Hillcrest St.
4.4 CITY-ST-ZIP	Orlando, FL 32803
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

CR2E037 (9/96)