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Apr 14 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **N94000001717 (7)**
1. Corporation Name

CENTRAL FLORIDA JOINT TRAINING ASSOCIATION, INC.

Principal Place of Business

**8434 AVENUE C
BLDG. 126, MCCOY AFB
ORLANDO FL 32827**

Mailing Address

**8434 AVENUE C
BLDG. 126, MCCOY AFB
ORLANDO FL 32827-5030**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**WIPPER, DAVID
8434 AVENUE C
BLDG. 126, MCCOY AFB
ORLANDO FL 32827**

3. Date Incorporated or Qualified
04/07/1994

3a. Date of Last Report
07/22/1996

4. FEI Number

59-3363253

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

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 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

James M. Sullivan, Jr.
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/25/1997
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DST**
STREET ADDRESS **WOHL, BRUCE**
CITY-ST-ZIP **C/O 3244 39TH ST.
ORLANDO FL 32811**

TITLE ☐ DELETE

NAME **DV**
STREET ADDRESS **MURRAY, ROBERT**
CITY-ST-ZIP **C/O 4030 WHITCOMB AVE.
ORLANDO FL 32839-8655**

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **DILLARD, BILL**
CITY-ST-ZIP **C/O 9440 SIDNEY HAYES RD.
ORLANDO FL 32824**

TITLE ☐ DELETE

NAME **DP**
STREET ADDRESS **SULLIVAN, JIM**
CITY-ST-ZIP **2738 FORSYTH RD.
WINTER PARK FL 32792**

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **EISS, BUD**
CITY-ST-ZIP **829 MEANDER DR. S
ALTAMONTE SPRINGS FL 32714**

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **DIXON, RICHARD**
CITY-ST-ZIP **4510 N. ORANGE BLOSSOM TRAIL
ORLANDO FL 32804**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 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)