


FILE NOW: FILING FEE IS \$61.25

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Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000001717 (7)**

1. Corporation Name

CENTRAL FLORIDA JOINT TRAINING ASSOCIATION, INC.



Principal Place of Business	Mailing Address
8434 AVENUE C BLDG. 126, MCCOY AFB ORLANDO FL 32827	8434 AVENUE C BLDG. 126, MCCOY AFB ORLANDO FL 32827

2. Principal Place of Business	2a. Mailing Address
21 2738 FORSTYH ROAD	26 2738 FORSYTH ROAD
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State WINTER PARK FL	28 City & State WINTER PARK FL
24 Zip 32792	29 Zip 32792
25 Country ORANGE	30 Country ORANGE

3. Date Incorporated or Qualified 04/07/1994	Applied For
4. FEI Number 59-3363253	Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of Registered Agent
WIPPER, DAVID 8434 AVENUE C BLDG. 126, MCCOY AFB ORLANDO FL 32827	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 2738 FORSYTH ROAD 83 84 City WINTER PARK FL
	85 Zip Code 32792

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOHL, BRUCE	1.2 NAME	
STREET ADDRESS	C/O 3244 39TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32811	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURRAY, ROBERT	2.2 NAME	
STREET ADDRESS	C/O 4030 WHITCOMB AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32839-8655	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DILLARD, BILL	3.2 NAME	
STREET ADDRESS	C/O 9440 SIDNEY HAYES RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32824	3.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, JIM	4.2 NAME	
STREET ADDRESS	2738 FORSYTH RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32792	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EISS, BUD	5.2 NAME	
STREET ADDRESS	829 MEANDER DR. S	5.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIXON, RICHARD	6.2 NAME	ED WOODHAM
STREET ADDRESS	4510 N. ORANGE BLOSSOM TRAIL	6.3 STREET ADDRESS	4510 NORTH ORANGE BLOSSOM TRAIL
CITY-ST-ZIP	ORLANDO FL 32804	6.4 CITY-ST-ZIP	ORLANDO FL 32804

14. I 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.

SIGNATURE: *James M. Sullivan* 4/3/98 407-678-3733

CR2E037 (10/97)