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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000001717

1. Corporation Name

CENTRAL FLORIDA JOINT TRAINING ASSOCIATION, INC.

Principal Place of Business

**2738 FORSTHY RD
WINTER PARK FL 32792
US**

Mailing Address

**2738 FORSYTH RD
WINTER PARK FL 32792
US**



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

3. Date Incorporated or Qualified

04/07/1994

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

9. Name and Address of Current Registered Agent

**WIPPER, DAVID
2738 FORSYTH RD
WINTER PARK FL 32792**

10. Name and Address of New Registered Agent

81 Name **Skipper, Janet D.**

82 Street Address (P.O. Box Number is Not Acceptable)

2738 N. Forsyth Rd.

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 *Janet D. Skipper* **Janet D. Skipper Administrator**

5/12/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE **D** ☐ DELETE
NAME **WOODHAM, ED DV**
STREET ADDRESS **4510 N ORANGE BLOSSOM TRAIL**
CITY-ST-ZIP **ORLANDO FL 32804**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DST** ☐ Change ☒ Addition
1.2 NAME **Coppersmith, Robert**
1.3 STREET ADDRESS **P.O. Box 4478**
1.4 CITY-ST-ZIP **Tampa, FL 33677**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **Duffield, Curtis**
2.3 STREET ADDRESS **6160 Edgewater Dr.**
2.4 CITY-ST-ZIP **Orlando, FL 32810**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **Carr, Susan**
3.3 STREET ADDRESS **6767 N. Wickham Rd. 400DB**
3.4 CITY-ST-ZIP **Melbourne, FL 32810**

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **Houlihan, John**
4.3 STREET ADDRESS **4700 Distribution Court**
4.4 CITY-ST-ZIP **Orlando, FL 32822**

5.1 TITLE **D** ☐ Change ☐ Addition
5.2 NAME **Towe, Robert**
5.3 STREET ADDRESS **2447 Orlando Central Parkway**
5.4 CITY-ST-ZIP **Orlando, FL 32809**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

BRUCE WOHL **BRUCE WOHL President 5/12/99 (407)843-1584**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)