

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 # N94000002305 (0)

1. Corporation Name

CENTRAL FLORIDA ADMINISTRATORS COUNCIL, INC.



Principal Place of Business

Mailing Address

1181 ORANGE AVE
WINTER PARK FL 32789
US

1181 ORANGE AVE
WINTER PARK FL 32789
US

3. Date Incorporated or Qualified 04/06/1994
3a. Date of Last Report 06/26/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 8100 CHANCELOR DRIVE	26 8100 CHANCELOR DRIVE	59-3249240	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 SUITE 130	27 SUITE 130	<input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
23 ORLANDO, FLORIDA	28 ORLANDO, FLORIDA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Zip	Country		
24 32809	25 U.S.A.		
29 32809	30 U.S.A.		

9. Name and Address of Current Registered Agent

LUIKART, MARK E
1181 ORANGE AVE
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name SHERRY LARSON
82 Street Address (P.O. Box Number is Not Acceptable) 8100 CHANCELOR DRIVE, SUITE 130
83
84 City ORLANDO FL 85 Zip Code 32809

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 obligation 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D RAUSCHER, KEN 800 W MORSE BLVD STE 5 WINTER PARK FL 32789 <input checked="" type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD LUIKART, MARK E 1181 ORANGE AVE WINTER PARK FL <input checked="" type="checkbox"/> DELETE	12 NAME	
STREET ADDRESS	TD JACQUES, SUSAN 301 N MAITLAND AVE MAITLAND FL <input checked="" type="checkbox"/> DELETE	13 STREET ADDRESS	
CITY-ST-ZIP	SD MASTROCOLA, BETTY 1355 ORANGE AVE STE 1 WINTER PARK FL <input type="checkbox"/> DELETE	14 CITY-ST-ZIP	
TITLE	D WASSELL, TOM 200 BENMORE DR WINTER PARK FL 32782 <input checked="" type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD WILLIS, RENNY 800 W MORSE BLVD STE 5 WINTER PARK FL <input checked="" type="checkbox"/> DELETE	22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	S, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32 NAME	TODD, GINA
STREET ADDRESS		33 STREET ADDRESS	800 W. MORSE BLVD, STE 5
CITY-ST-ZIP		34 CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE		41 TITLE	T, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	P, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		52 NAME	LARSON, SHERRY
STREET ADDRESS		53 STREET ADDRESS	8100 CHANCELOR DRIVE, STE 130
CITY-ST-ZIP		54 CITY-ST-ZIP	ORLANDO, FL 32809
TITLE		61 TITLE	V, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		62 NAME	THOMAS, BEN
STREET ADDRESS		63 STREET ADDRESS	6904 ALOMA AVENUE
CITY-ST-ZIP		64 CITY-ST-ZIP	WINTER PARK, FL 32789

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

1/23/96

407/857-7000

CR2E037 (12/95)