FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 9:17

DOCUMENT # **N94000003331 (5)**

1. Corporation Name
CENTRAL FLORIDA LEADERS' NETWORK, INC.

Principal Place of Business	Mailing Address
9810 EAST COLONIAL DR. ORLANDO FL 32822	9810 EAST COLONIAL DR. ORLANDO FL 32822

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/06/1994
3a. Date of Last Report:
4. FEI Number: 59-3270116 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 800 N. Ferncreek Ave	26 800 N. Ferncreek Ave.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Orlando, Florida	City & State 28 Orlando, Florida
Zip 24 32803 Country 25 U.S.A.	Zip 29 32803 Country 30 U.S.A.

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCDONALD, ROGER J 1218 EAST ROBINSON ST. ORLANDO FL 32801	81 Name: John G. Pierce 82 Street Address (P.O. Box Number is Not Acceptable): 800 N. Ferncreek Ave. 83 84 City: Orlando FL 85 Zip Code: 32803

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: John G. Pierce — Feb 27, 1995
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	11 TITLE	President + Director	☑ Change ☐ Addition
NAME	HARRIS, BILL	12 NAME	Dennis Weaver	
STREET ADDRESS	5018 SHELLEY COURT	13 STREET ADDRESS	2726 N. Dean Rd.	
CITY-ST-ZIP	ORLANDO FL 32817	14 CITY-ST-ZIP	Orlando, FL 32817	
TITLE	D	21 TITLE	Vice President + Director	☑ Change ☐ Addition
NAME	ROGERS, LEE	22 NAME	Lloyd Oaks	
STREET ADDRESS	1517 COUGAR COURT	23 STREET ADDRESS	9218 Cornish Ct.	
CITY-ST-ZIP	CASSELBERRY FL 32707	24 CITY-ST-ZIP	Orlando, FL 32817	
TITLE	D	31 TITLE	Secretary/[redacted] Director	☑ Change ☐ Addition
NAME	CHESTER, BECKY	32 NAME	John G. Pierce	
STREET ADDRESS	4056 AMRON DR.	33 STREET ADDRESS	800 N. Ferncreek Ave	
CITY-ST-ZIP	ORLANDO FL 32822	34 CITY-ST-ZIP	Orlando, FL 32803	
TITLE	D	41 TITLE	Treasurer + Director	☑ Change ☐ Addition
NAME	NUNAMAKER, KAREN A	42 NAME	~~Debra Grant~~ Deborah Court	
STREET ADDRESS	9810 E. COLONIAL DRIVE	43 STREET ADDRESS	110 University Park Dr. Ste 160	
CITY-ST-ZIP	ORLANDO FL 32817	44 CITY-ST-ZIP	Winter Park FL 32792	
TITLE		51 TITLE		☑ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE	REMITTED BY MAY 1	☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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)(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: John G. Pierce — 2/7/95 — (407) 678-4848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0034304