

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000003331 (5)

1. Corporation Name

CENTRAL FLORIDA LEADERS' NETWORK, INC.



Principal Place of Business

800 N FERNCREEK AVE
ORLANDO FL 32803
US

Mailing Address

800 N FREDERICK AVE
ORLANDO FL 32803
US

3. Date Incorporated or Qualified
07/06/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 110 University Park Dr
Suite, Apt. #, etc.

26 110 University Park Dr
Suite, Apt. #, etc.

22 Suite 160
City & State

27 Suite 160
City & State

23 Winter Park FL
Zip

28 Winter Park FL
Zip

24 32792 Country

29 32792 Country

30 Orange

4. FEI Number
59-3270116

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 ☒

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PIERCE, JOHN G
800 N FREDERICK AVE
ORLANDO FL 32803

81 Name Deborah Court

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

110 University Park Dr.

83 Suite 160

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

Signature, word or initials of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/1/96

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME WEAVER, DENNIS
STREET ADDRESS 2726 N DEAN RD
CITY - ST - ZIP ORLANDO FL

DELETE ☐

TITLE VPD
NAME OAKS, LLOYD
STREET ADDRESS 9218 CORNISH CT
CITY - ST - ZIP CASSELBERRY FL

DELETE ☒

TITLE SD
NAME PIERCE, JOHN
STREET ADDRESS 800 N FREDERICK AVE
CITY - ST - ZIP ORLANDO FL

DELETE ☐

TITLE TD
NAME COURT, DEBORAH
STREET ADDRESS 110 UNIVERSITY PARK DR
CITY - ST - ZIP WINTER PARK FL

DELETE ☐

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE ☐

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE ☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director

Change ☒ Addition ☐

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE D

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE PD

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE P

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

Change ☐ Addition ☒

Change ☐ Addition ☒

Change ☐ Addition ☒

Change ☐ Addition ☐

Change ☐ Addition ☐

Change ☐ Addition ☐

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 #

0004204

CR2E037 (3/96)