

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000003482 (6)

1. Corporation Name

CENTRAL FLORIDA AQUARIUM SOCIETY OF MID-FLORIDA, INC.



Principal Place of Business

Mailing Address

250 W COUNTRY HOME RD
STATE RD 17-92
LAKE MARY FL 32752-0447

P.O. BOX 520447
LONGWOOD FL 32752-0447

3. Date Incorporated or Qualified
07/11/1994

3a. Date of Last Report
02/28/1995

2. Principal Place of Business

2a. Mailing Address

21 **CENTRAL BRANCH LIBRARY**

26 **METRO ARDEN**

4. FEI Number

APPLIED FOR 59-3259644

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **215 N OXFORD RD.**

27 **PO BOX 362**

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

City & State

City & State

23 **CASSELBERRY**

28 **SCOTTSMOOR FL.**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

Zip Country

Zip Country

24 **32718**

25 **U.S.**

29 **32775**

30 **U.S.**

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

**ARDEN, METRO
4240 STUCKWAY RD
SCOTTSMOOR FL 32775**

81 Name

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

83

84 City

FL

85 Zip Code

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]

METRO ARDEN

4-14-96

(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	PD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, KEN	
STREET ADDRESS	1033 SANTA ANITA	
CITY - ST - ZIP	ORLANDO FL 32808	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, CHERRY	
STREET ADDRESS	3020 N CHICKSAW TR	
CITY - ST - ZIP	ORLANDO FL 32817	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ARDEN, METRO	
STREET ADDRESS	P.O. BOX 362 N/A	
CITY - ST - ZIP	SCOTTSMOOR FL 32775	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DIPIRO, TOM	
STREET ADDRESS	49 FERNCREST DR	
CITY - ST - ZIP	DEBARY FL 32173	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KORN, TOM	
STREET ADDRESS	360 VIOLET DELL	
CITY - ST - ZIP	CASSELBERRY FL 32707	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MOCK, LORETTA	
STREET ADDRESS	360 VIOLET DELL	
CITY - ST - ZIP	CASSELBERRY FL 32707	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VD
2.3 STREET ADDRESS	ROBERTSON, PHIL
2.4 CITY - ST - ZIP	808 GRANVIEW AVE. ALAMONT SPRINGS, FL 32701
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	TD
5.3 STREET ADDRESS	GREENWOODAL, JACIS
5.4 CITY - ST - ZIP	687 BEAR CREEK CT. WINTER SPRINGS, FL 32708
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADDRESS	MATHIS, PETE
6.4 CITY - ST - ZIP	424 RIVERBLUFF CIR. DEBARY, FL 32173

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-96

401-268-8555

Date

Daytime Phone #

CR2E037 (12/95)