


FILE NOW: FILING FEE IS \$61.25

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Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90033 009 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N94000003924					
1. Corporation Name INROADS/CENTRAL FLORIDA, INC.					
Principal Place of Business 3101 MAGUIRE BLVD SUITE 150 ORLANDO FL 32803 US			Mailing Address 10 SOUTH BROADWAY SUITE 700 ST LOUIS MO 63101 US		



2. Principal Place of Business 21 Same		2a. Mailing Address 26 Same		3. Date Incorporated or Qualified 08/08/1994	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 43-1676405	
City & State 23		City & State 28		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				81 Name N/A	
				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, 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 <input type="checkbox"/> DELETE				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME D FOWLER, SUSAN M				1.2 NAME			
STREET ADDRESS 285 INTERNATIONAL PKWY				1.3 STREET ADDRESS			
CITY-ST-ZIP LAKE MARY FL 32746				1.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME ED FULLER, GEORGE A				2.2 NAME			
STREET ADDRESS 434 N TAMPA AVE.				2.3 STREET ADDRESS			
CITY-ST-ZIP ORLANDO FL 32802				2.4 CITY-ST-ZIP			
TITLE <input checked="" type="checkbox"/> DELETE				3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME C EDISON, SHARON H				3.2 NAME Chief Executive Officer			
STREET ADDRESS 10 SOUTH BROADWAY, SUITE 700				3.3 STREET ADDRESS Theo Coulis			
CITY-ST-ZIP ST LOUIS MO 63102				3.4 CITY-ST-ZIP 10 South Broadway, Suite 700			
TITLE <input type="checkbox"/> DELETE				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME MR KIMBERLIN, CLARK V				4.2 NAME			
STREET ADDRESS 315 E. ROBINSON STREET				4.3 STREET ADDRESS			
CITY-ST-ZIP ORLANDO FL 32801				4.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME D GARCIA, LORISSE				5.2 NAME			
STREET ADDRESS 8701 MAITLAND SUMMIT BLVD				5.3 STREET ADDRESS			
CITY-ST-ZIP ORLANDO FL 32810				5.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME EVP LYTLE, MERCEDES M				6.2 NAME President & CEO			
STREET ADDRESS 315 DEADRICK STREET, BOX 97				6.3 STREET ADDRESS Charles I. Story			
CITY-ST-ZIP NASHVILLE TN 37238				6.4 CITY-ST-ZIP 315 Deaderick, Suite 1240			

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 an other like empowered.

SIGNATURE: 

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

Charles I. Story 1/20/99 (615) 255-7397

Date

Daytime Phone #

CR2E037 (11/98)