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Apr 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000004881 (8)

1. Corporation Name
CENTRAL FLORIDA NAUI CHAPTER, INC.



Principal Place of Business 102 E MAPLE STREET WINTER GARDEN FL 34787	Mailing Address 102 E MAPLE STREET WINTER GARDEN FL 34787-3637
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3. Date Incorporated or Qualified 09/28/1994	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3286302	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**MASHBURN, ERIC S
102 E MAPLE STREET
WINTER GARDEN FL 34787**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BARBAY, CHAD L	
STREET ADDRESS	586 CALIBRE CREST #102	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BEGGS, LARRY	
STREET ADDRESS	7531 RANCHO ROAD	
CITY-ST-ZIP	ORLANDO 32 32822	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MITCHELL, WAYNE L	
STREET ADDRESS	280 E HAINES BLVD	
CITY-ST-ZIP	LAKE ALFRED FL 33850	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SUGDEN, HERBERT J JR	
STREET ADDRESS	2150 KURT COURT	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WILSON, GEORGE A	
STREET ADDRESS	6831 CASTILLO CT	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	COPENHAVER, SARAH E	
STREET ADDRESS	6154 BALBOA DR	
CITY-ST-ZIP	ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BARBAY, CHAD L	
1.3 STREET ADDRESS	571 STARSTONE DR	
1.4 CITY-ST-ZIP	LK MARY, FL 32746	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MICHAEL CRAWN	
2.3 STREET ADDRESS	11213 FINCHLEY PL.	
2.4 CITY-ST-ZIP	ORLANDO, FL 32837	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	HARRY ROLFE	
3.3 STREET ADDRESS	1550 RIDGEWOOD AV	
3.4 CITY-ST-ZIP	MAITLAND, FL 32751	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SUSAN F TEDESCO	
4.3 STREET ADDRESS	11374 SPACE BLVD	
4.4 CITY-ST-ZIP	ORLANDO, FL 32837	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

CR2E037 (9/96)