## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N94000004881 (8)

CENTRAL FLORIDA NAUI CHAPTER, INC.

## **FILED** Mar 24 1998 8:00am Secretary of State

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Principal Place	e of Business	Mailing Address			
i i i i cipari i aci	o o business	Midmily Addition			
102 E MAPLE		102 E MAPLE STREET	89		3. Date Incorporated or Qualified
WINTER GARD	EN FL 34/6/	WINTER GARDEN FL 347	0/		09/29/1994
					4. FEI Number Applied For
9. Dringing D	Inon of Duciness	Los Malling Address			59-3286302   Not Applicable
21	lace of Business	2s. Mailing Address 26			5. Certificate of Status Desired \$8.75 Additional Fee Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be
22 City & State		City & State			Trust Fund Contribution Added to Fees
23	9	28			7. Is this nonprofit corporation a homeowners association?
Zip	Country	Zip	Coun	try	This corporation owes or has paid the current year Intangible
24	25	29	30	-	Personal Property Tax due June 30.   Yes Mo
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered Agent
			] [	Nar	ame
MASHBI	URN, ERIC S		la la	2 Stre	reet Address (P.O. Box Number Is Not Acceptable)
102 E N	MAPLE STREET		L		
WINTER	GARDEN FL 34787		8	33	
			Ē	4 City	ty 85 Zip Code
				ــــــــــــــــــــــــــــــــــــــ	FL   s   z   coos
11. Pursuant	to the provisions of Sections 617.050 egistered agent, or both, in the State	02 and 617.1508, Florida Statu e of Florida. Such change was	ites, the abo authorized	ove-nam by the c	med corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the oblig	ations of, Section 617.0503, F	lorida Statu	tes.	
SIGNATURE .	Signature, typed or printed name of registered ag	and and this til naminable (A)O	TE. Docistored	A1 -i-ne	nature required when reinstating) DATE
12.		ID DIRECTORS	13.	-Dan sibra	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	O	DELETE	1,1 TITL	E	Change Addition
NAME	BARBAY, CHAD L		1.2 NAA	Æ	
STREET ADDRESS	571 STARSTONE DR		1.3 STR	EET ADORE	æss
CITY-ST-ZIP	LK MARY FL		1.4 Cm	-ST-ZIP	<u> </u>
TITLE	D	DELETE	2.1 TITL	E	Change
NAME	MITCHELL, CRAWN	4	2.2 NAW	E	·
STREET ADDRESS	11213 FINCHLEY PL		2.3 STR	EET ADDRES	
CITY-ST-ZIP	ORLANDO FL		2. 4 CIT	Y-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITL	E	Mac Change
NAME	ROLF, HARRY		3.2 NAM	ΙĖ	
STREET ADDRESS	1550 RIDGEWOOD AVE		3.3 STR	EET ADDRES	
CITY-ST-ZIP	MAITLAND FL	T priese		/-ST-ZIP_	
TITLE	D	☐ DELETE	4.1 TITL		☐ Change ☐ Addition
NAME	SUGDEN, HERBERT J JR		4. 2 NAJ		
STREET ADDRESS	2150 KURT COURT			EET ADDRES	
CITY-ST-ZIP TITLE	APOPKA FL 32703	DELETE	4.4 CITY 5.1 TITU	-ST-ZIP	M Change
-	D TENEROO RIIRAN E	□ DELETE	5.1 III L		TOT CHAINS T'T WOULD!
NAME	TEDESCO, SUSAN F. 11374 SPACE BLVD				ISS 10705-7 ROCKET BLUD
STREET ADDRESS	ORLANDO FL			EET ADDRES	1 40.00.00
CITY-ST-ZIP TITLE	DT DT	DELETE	6.1 TITL	'-ST-ZIP F	
NAME	COPENHAVER, SARAH E		6.2 NAM		
STREET ADDRESS	6154 BALBOA DR			il Eet addres	res
CITY-ST-ZIP	ORLANDÓ FL			-ST-ZIP	22000
		vith this filing does not qualify			stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information y signature shall have the same legal effect as if made under oath; that I am an
indicated	on this annual report or supplement	al annual report is true and ac	curate and	that my	y signature shall have the same legal effect as if made under oath; that I am an

indicated on this arrival report of supplemental arrival report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am a 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.