


FILE NOW: FILING FEE IS \$61.25

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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90147 015 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N94000004881

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



| | | | | | |
|--------------------------------|--|---------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | | 09/29/1994 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | 59-3286302 | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | |
| 23 | | 28 | | \$8.75 Additional Fee Required | |
| Zip | | Country | | 6. Election Campaign Financing | |
| 24 | | 25 | | Trust Fund Contribution <input type="checkbox"/> | |
| 29 | | 30 | | \$5.00 May Be Added to Fees | |

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 |

FL

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 | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BARBAY, CHAD L | 1.2 NAME | |
| STREET ADDRESS | 571 STARSTONE DR | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | LK MARY FL | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MITCHELL, CRAWN | 2.2 NAME | MICHAEL CRAWN |
| STREET ADDRESS | 11213 FINCHLEY PL | 2.3 STREET ADDRESS | 11213 FINCHLEY PL |
| CITY-ST-ZIP | ORLANDO FL 32837 | 2.4 CITY-ST-ZIP | ORLANDO, FL 32837 |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROLF, HARRY | 3.2 NAME | |
| STREET ADDRESS | 1550 RIDGEWOOD AVE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MAITLAND FL 32751 | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SUGDEN, HERBERT J JR | 4.2 NAME | |
| STREET ADDRESS | 2150 KURT COURT | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | APOKA FL 32703 | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TEDESCO, SUSAN F. | 5.2 NAME | |
| STREET ADDRESS | 10705-7 ROCKET BLVD | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL 32824 | 5.4 CITY-ST-ZIP | |
| TITLE | DT <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | COPENHAVER, SARAH E | 6.2 NAME | TAMMY WEAVER |
| STREET ADDRESS | 6154 BALBOA DR | 6.3 STREET ADDRESS | 10705-7 ROCKET BLVD |
| CITY-ST-ZIP | ORLANDO FL 32808 | 6.4 CITY-ST-ZIP | ORLANDO, FL 32824 |

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 all other like empowered.

SIGNATURE: *SIGNATURE REQUIRED* **Secretary** **407-438-6466**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)