

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 # N95000000669 (0)

1. Corporation Name

THE TRUE MAJORITY, INC.

Principal Place of Business

4333 N. LAKE ORLANDO PARKWAY
ORLANDO FL 32808

Mailing Address

P.O. BOX 607384
ORLANDO FL 32860-7384



3. Date Incorporated or Qualified

02/10/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3367467

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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

JOHNSON, JUDY M
4333 N. LAKE ORLANDO PARKWAY
ORLANDO FL 32808

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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME JOHNSON, JUDY M
STREET ADDRESS 4333 N. LAKE ORLANDO PARKWAY
CITY-ST-ZIP ORLANDO FL 32808

TITLE VD ☐ DELETE

NAME HERZON, MICHELE
STREET ADDRESS 2001 N.W. 35TH STREET
CITY-ST-ZIP FORT LAUDERDALE FL 33309

TITLE VD ☒ DELETE

NAME TURNER, SHARON
STREET ADDRESS 2841 HOBBS ROAD
CITY-ST-ZIP GLENWOOD MD 21738

TITLE STD ☒ DELETE

NAME RAINEY, JUDY
STREET ADDRESS 3883 BISCAYNE DRIVE
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE D ☒ DELETE

NAME HUGHES, LAUREL
STREET ADDRESS 623 PALM DRIVE
CITY-ST-ZIP OVIEDO FL 32765

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Caroline Roubon Exec. Dir. ☐ Change ☒ Addition

12 NAME 618 Burke St.
13 STREET ADDRESS ALTAMONTE SPRINGS, FL 32701
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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5-17-96

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:

Judy M. Johnson President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96

407-293-3845

Daytime Phone #

CR2E037 (12/95)