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May 06 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 807384
ORLANDO FL 32880-7384



3. Date Incorporated or Qualified
02/10/1995

3a. Date of Last Report
05/17/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

27

Zip

Country

28

Zip

Country

29

Zip

Country

30

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

2.1 TITLE VD
2.2 NAME HERZOG, MICHELE
2.3 STREET ADDRESS 1321 MORRISON CREEK RD
2.4 CITY-ST-ZIP GAINESBORO, TN 38562

TITLE D
NAME ROUTSON, CAROLINE
STREET ADDRESS 618 BURKE ST.
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

3.1 TITLE D, S, T
3.2 NAME ROUTSON, CAROLINE
3.3 STREET ADDRESS 285 LAKE SEMINARY CR.
3.4 CITY-ST-ZIP MARIETTA, FL 32751

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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.

SIGNATURE: Judy M. Johnson

4/21/97

407-293-3845

CR2E037 (9/96)