

**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 # N95000003401 (5)**

1. Corporation Name

**MINORITY RESOURCE CENTER, INC.**



Principal Place of Business

Mailing Address

**2053 EASTBROOK BOULEVARD  
WINTER PARK FL 32792**

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WINTER PARK FL 32792**

3. Date Incorporated or Qualified

**07/18/1995**

3a. Date of Last Report

**N/A**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

**59-3368679**

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

**WILLIAMS, LARRY K  
924-H LAKE DESTINY ROAD  
ALTAMONTE SPRINGS FL 32714**

10. Name and Address of New Registered Agent

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	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BENITEZ, XOCHITL</b>	
STREET ADDRESS	<b>4809 GORHAM AVENUE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32807</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SMITH, MARGARET</b>	
STREET ADDRESS	<b>6524 CANTERLEA DRIVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32818</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>INGS, SAMUEL B</b>	
STREET ADDRESS	<b>100 SOUTH HUGHEY</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32801</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DAQUIN, JACQUELIN</b>	
STREET ADDRESS	<b>901 W. MACK STREET</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32805</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MARCIEN, GERARD</b>	
STREET ADDRESS	<b>1771 N. SEMORAN BOULEVARD</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32807</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<b>Don Hutsko</b>	
13 STREET ADDRESS	<b>1230 Douglas Ave, Suite 116</b>	
14 CITY-ST-ZIP	<b>Altamonte Springs FL 32779</b>	
21 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<b>Faye Whitson</b>	
23 STREET ADDRESS	<b>3536 Prairie Fox Lane</b>	
24 CITY-ST-ZIP	<b>Orlando FL 32812</b>	
31 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	<b>Florence R. Walker</b>	
33 STREET ADDRESS	<b>1032 NIN Street</b>	
34 CITY-ST-ZIP	<b>Orlando FL 32835</b>	
41 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	<b>Larry K. Williams</b>	
43 STREET ADDRESS	<b>924-H Lake Destiny Road</b>	
44 CITY-ST-ZIP	<b>Altamonte Springs FL 32714</b>	
51 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	<b>Marie Jose' Francois</b>	
53 STREET ADDRESS	<b>2053 Eastbrook Blvd,</b>	
54 CITY-ST-ZIP	<b>Winter Park FL 32792</b>	
61 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	<b>Conrad Randolph</b>	
63 STREET ADDRESS	<b>183 Poinsettia Drive</b>	
64 CITY-ST-ZIP	<b>Kissimmee FL 34743</b>	

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: *Larry K Williams* Larry K. Williams, Director 4-25-96 407-836-2680

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)