

# 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 # **N95000004894 (0)**

1. Corporation Name

**CENTRAL FLORIDA DIAMONDBACKS, INCORPORATED**



Principal Place of Business

Mailing Address

**105 HALES ROAD  
AUBURNDALE FL 33823**

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AUBURNDALE FL 33823**

3. Date Incorporated or Qualified  
**10/12/1995**

3a. Date of Last Report  
**10/4/95**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-3342071**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

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

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHIRAH, LLOYD R  
105 HALES ROAD  
AUBURNDALE FL 33823**

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 fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11 TITLE Vice President ☐ Change ☒ Addition  
12 NAME Don Rice  
13 STREET ADDRESS 4843 Angus Rd.  
14 CITY-ST-ZIP Polk City, FL 33868

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

21 TITLE Treasurer ☐ Change ☒ Addition  
22 NAME Patty Rice  
23 STREET ADDRESS 4843 Angus Road  
24 CITY-ST-ZIP Polk City, FL 33868

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

31 TITLE Secretary ☐ Change ☒ Addition  
32 NAME Liz Shirah  
33 STREET ADDRESS 105 Hales Rd.  
34 CITY-ST-ZIP Auburndale, FL 33823

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

41 TITLE President ☐ Change ☒ Addition  
42 NAME Lloyd R. Shirah  
43 STREET ADDRESS 105 Hales Rd.  
44 CITY-ST-ZIP Auburndale, FL 33823

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

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: **Lloyd R. Shirah** *Lloyd R. Shirah* 4-18-96 941-297-6901  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)