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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005005 (2)

1. Corporation Name

THE CENTRAL FLORIDA CENTER FOR GRIEVING CHILDREN
, INC.

Principal Place of Business

Mailing Address

P O BOX 547578
ORLANDO FL 32854

P O BOX 547578
ORLANDO FL 32854



3. Date Incorporated or Qualified

10/19/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JONES, JOEL D
5420 DIPLOMAT CIR #150
ORLANDO FL 32810

81 Name

JONES, JOEL D.

82 Street Address (P.O. Box Number is Not Acceptable)

5405 DIPLOMAT CIR #203

83

84

City ORLANDO

FL

85

Zip Code

32810

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 ☐ DELETE

1.1 TITLE

☐ Change ☐ Addition

NAME JONES, JOEL D
STREET ADDRESS 5420 DIPLOMAT CIR #150
CITY - ST - ZIP ORLANDO FL 32810

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

5405 DIPLOMAT CIR #203

TITLE ☐ DELETE

2.1 TITLE

☐ Change ☐ Addition

NAME BABER, KEITH
STREET ADDRESS 3901 LBIS DR
CITY - ST - ZIP ORLANDO FL 32803

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE ☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

NAME SIMONYI, PAULA R
STREET ADDRESS P O BOX 1234 N/A
CITY - ST - ZIP ORLANDO FL 32802

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

NAME POSSICK, DEBORAH L
STREET ADDRESS 510 HEATHER BRITE CIR
CITY - ST - ZIP APOKA FL 32712

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOEL D. JONES

2-23-96

Date

407-629-6621

Daytime Phone #

CR2E037 (12/95)