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NONPROFIT CORPORATION ANNUAL REPORT

1996



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

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407- 629-662/ Deytime Phone #

DOCUMENT #	N95000005005	(0)
1 Corporation Name	เมืองบบบบบบอบบอ	121

THE CENTRAL FLORIDA CENTER FOR GRIEVING CHILDREN , INC.

Philopal Place	e of Business	Mailing Address		''•••	IIIDI DID IBIDI DKIN ODIII BAKK			
P O BOX 541 ORLANDO FL		P O BOX 547578 ORLANDO FL 32854						
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					orporated or Qualified 19/1995	3a. Da	ate of Last	Report
	lace of Business	2a. Mailing Address		4. FEI Num	nber			Applied For
1		26		.59~	33474/3			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifica	te of Status Desired			Additional
City & State	e	City & State						Required
3		28		l l	Campaign Financing nd Contribution			O May Be d to Fees
Zip	Country	Zip	Country		poration has liability for in	ntangible ta		
4	25	29	30	Florida S		Yes 🗗		100.002,
	g. Name and Address of Curr	ent Registered Agent		10. Name a	nd Address of New Re	egistered /	Agent	
			B1 Name	JONES,	JOEL D	,		
Jones,	JOEL D		82 Street	Address (P.O. Box N	umber is Not Acceptable	(a)		
	PLOMAT CIR #150		83	105 DIN	LOMAT C	12 -	203	
ORLAND	O FL 32810		83					
			84 City	PELANDO			85 Zic	Code
11. Pursuant t	to the provisions of Sections 617.05	02 and 617 1509. Florida Statutes	the phaye named as	reconstitut automita de	in statement for the service	FL	کی ا	2810
Or register	ed agent, or both, in the State of Fit	JINA. SUCH CHARGE WAS AUTHORIZED	by the corporation's	board of directors. I	hereby accept the appo	pose of cha: vintment as i	nging its re registered	agistered offici agent. I am
SIGNATURE	th, and accept the obligations of, Se	ction 617.0503, Florida Statutes.					_	-
	Signature, typed or printed name of registered age	ent and title if applicable (NOTE	: Registered Agent signature in	equired when reinstating)		DAYE		
		ent and title if applicable (NOTE ND DIRECTORS	: Registered Agent signature n		NS/CHANGES TO OFFIC	DATE CERS AND	DIRECTO	RS IN 12
12.					NS/CHANGES TO OFFIC	CERS AND	DIRECTO	RS IN 12
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE;