

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 # N95000005776 (8)

1. Corporation Name

MARCH FOR LIFE FROM CENTRAL FLORIDA, INC.

Principal Place of Business

**1411 EDGEWATER DR SUITE 203
ORLANDO FL 32804**

Mailing Address

**1411 EDGEWATER DR SUITE 203
ORLANDO FL 32804**



3. Date Incorporated or Qualified

12/06/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 900 Fox Valley Dr.

26 900 Fox Valley Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 St. 209

27 St. 209

City & State

City & State

23 Longwood FL

28 Longwood, FL

Zip

Country

Zip

Country

24 32779 25 USA

29 32779 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ARAGO, MAUREEN A
1411 EDGEWATER DR SUITE 203
ORLANDO FL 32804**

81 Name

Arago, Maureen A.

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

900 Fox Valley Dr. St. 209

83

84 City

Longwood

FL

85 Zip Code

32779

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 **DVS** ☐ DELETE
NAME **ARAGO, MAUREEN A**
STREET ADDRESS **1411 EDGEWATER DR SUITE 203**
CITY-ST-ZIP **ORLANDO FL 32804**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **900 Fox Valley Dr. St. 209**
1.4 CITY-ST-ZIP **Longwood, FL 32779**

TITLE **DP** ☐ DELETE
NAME **O'ROURKE, ELLEN**
STREET ADDRESS **1411 EDGEWATER DR SUITE 203**
CITY-ST-ZIP **ORLANDO FL 32804**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **900 Fox Valley Dr. St. 209**
2.4 CITY-ST-ZIP **Longwood, FL 32779**

TITLE **DT** ☐ DELETE
NAME **POLSTER, KEN**
STREET ADDRESS **1411 EDGEWATER DR SUITE 203**
CITY-ST-ZIP **ORLANDO FL 32804**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **900 Fox Valley Dr. St. 209**
3.4 CITY-ST-ZIP **Longwood, FL 32779**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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:

Maureen Arago, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/96
Date

786-5005
Daytime Phone #

CR2E037 (12/95)