FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT [illegible] STATE
Sandra B. Mor[illegible]
Secretary of St[illegible]
DIVISION OF CORPO[illegible]ONS

FILED
Jun 30 1997 8:00am
Secretary of State

DOCUMENT # N96000000525 (3)

1. Corporation Name
ORLANDO CHILDRENS' CHARITIES, INC.

Principal Place of Business	Mailing Address
5850 T.G. LEE BLVD. SUITE 460 ORLANDO FL 32822	5850 T.G. LEE BLVD. SUITE 460 ORLANDO FL 32822-4409

3. Date Incorporated or Qualified: 01/30/1996
3a. Date of Last Report:

4. FEI Number: 59-3357666 ☐ 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

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

9. Name and Address of Current Registered Agent

FILDES, RICHARD J
215 NORTH EOLA DRIVE
ORLANDO FL 32801

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DYER, THOMAS B 5850 T.G. LEE BLVD., SUITE 460 ORLANDO FL 32822	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAKER, KARI D 5850 T.G. LEE BLVD., SUITE 460 ORLANDO FL 32822	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, MARTY 5850 T.G. LEE BLVD., SUITE 460 ORLANDO FL 32822	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1	D MR. BRAD BRYANT 5850 T.G. LEE BLVD, #460 ORLANDO, FL 32822	☐ Change ☒ Addition
2		☐ Change ☐ Addition
3		☐ Change ☐ Addition
4		☐ Change ☐ Addition
5		☐ Change ☐ Addition
6		☐ Change ☐ Addition

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for exemption stated in Section 119.07(3)(i), 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 [illegible] SIGNATURE REQUIRED June 16, 1997 407857-9119