


FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000001587 (2)

1. Corporation Name
CENTRAL VIERA INTERFAITH DISTRICT ASSOCIATION, INC.

Principal Place of Business 7380 MURRELL RD., SUITE 201 VIERA FL 32940	Mailing Address 7380 MURRELL RD., SUITE 201 VIERA FL 32940
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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9. Name and Address of Current Registered Agent

BLAKE, R. MASON
7380 MURRELL RD., SUITE 201
VIERA FL 32940

3. Date Incorporated or Qualified
09/14/1994

4. FEI Number
59-3307472

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name
Decator, Jay A. III

82 Street Address (P.O. Box Number is Not Acceptable)
7380 Murrell Rd., Suite 201

83

84 City
Viera

85 Zip Code
FL 32940

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 *Jay A. Decator III* **Jay A. Decator III** **April 20, 1998**
Signature, title, or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE VD	NAME DECATOR, JAY	<input type="checkbox"/> DELETE
STREET ADDRESS 7380 MURRELL RD., SUITE 201		
CITY-ST-ZIP VIERA FL		
TITLE PD	NAME BLAKE, R. MASON	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 7380 MURRELL RD., SUITE 201		
CITY-ST-ZIP VIERA FL		
TITLE TD	NAME MARTELL, PAUL	<input type="checkbox"/> DELETE
STREET ADDRESS 7380 MURRELL RD., SUITE 201		
CITY-ST-ZIP VIERA FL		
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D_ MILLER, C. SCOTT
4.3 STREET ADDRESS	7380 MURRELL RD. SUITE 201
4.4 CITY-ST-ZIP	VIERA, FL
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the 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 *Jay A. Decator III* **Jay A. Decator III** **(407) 242-1200**
Signature, title, or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

CR2E037 (10/97)