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Mar 03 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 # **N96000001610 (2)**

1. Corporation Name

THE FLORIDA NONPROFIT RESOURCE CENTER, INC.



Principal Place of Business 1900 N MILLS AVE SUITE 3 ORLANDO FL 32803 812 E. Rollins ORLANDO, FL 32803-3986	Mailing Address 1900 N MILLS AVE SUITE 3 ORLANDO FL 32803 P.O. Box 533986 ORLANDO, FL 32803-3986
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3. Date Incorporated or Qualified 03/20/1996	4. FEI Number 59-3370858	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ABBOTT, SHERRY M 1900 N MILLS AVE SUITE 3 ORLANDO FL 32803 P.O. Box 533986 ORLANDO, FL 32803-3986	
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City ORLANDO FL 85 Zip Code 32803	
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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	
TITLE	D
NAME	ABBOTT, SHERRY M
STREET ADDRESS	1900 N MILLS AVE SUITE 3
CITY-ST-ZIP	ORLANDO FL 32803
TITLE	D
NAME	KERR, ANNE
STREET ADDRESS	ROLLINS COLLEGE
CITY-ST-ZIP	WINTER PARK FL 32789
TITLE	D
NAME	MURRU, TERRI
STREET ADDRESS	1501 WESTCHESTER AVENUE
CITY-ST-ZIP	WINTER PARK FL 32789
TITLE	D
NAME	LINK, CYNTHIA
STREET ADDRESS	11510 EAST COLONIAL DRIVE
CITY-ST-ZIP	ORLANDO FL 32817-3613
TITLE	D
NAME	LINK, CYNTHIA
STREET ADDRESS	11510 EAST COLONIAL DRIVE
CITY-ST-ZIP	ORLANDO FL 32817-3613

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	C
1.2 NAME	MARK BROWER
1.3 STREET ADDRESS	3659 MAGUIRE BLVD
1.4 CITY-ST-ZIP	ORLANDO, FL 32803
2.1 TITLE	T/S
2.2 NAME	Cynthia Spraker
2.3 STREET ADDRESS	1881 POINCIANNA RD.
2.4 CITY-ST-ZIP	WINTER PARK, 32792
3.1 TITLE	D
3.2 NAME	Don Wildman
3.3 STREET ADDRESS	616 E. Rollins St. S1103
3.4 CITY-ST-ZIP	ORLANDO, FL 32803
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
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: **Sherry M. Abbott** **Jan 14, 1998** **407-894-2151**

CR2E037 (10/97)