

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90001 015 ****70.00

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1. Corporation Name

THE FLORIDA NONPROFIT RESOURCE CENTER, INC.

Principal Place of Business

812 E. ROLLINS
ORLANDO FL 32853-3986
US

Mailing Address

P.O. BOX 533986
ORLANDO FL 32853-3986



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

03/20/1996

4. FEI Number

59-3370858

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

9. Name and Address of Current Registered Agent

ABBOTT, SHERRY M
812 E. ROLLINS ST.
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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

Sherry M. Abbott

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/19/99

12.

OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME ABBOTT, SHERRY M
STREET ADDRESS 812 ROLLINS STREET
CITY-ST-ZIP ORLANDO FL 32803-1214

TITLE D ☒ DELETE

NAME KERR, ANNE
STREET ADDRESS ROLLINS COLLEGE
CITY-ST-ZIP WINTER PARK FL 32789

TITLE D ☒ DELETE

NAME MURRU, TERRI
STREET ADDRESS 1501 WESTCHESTER AVENUE
CITY-ST-ZIP WINTER PARK FL 32789

TITLE D ☐ DELETE

NAME LINK, CYNTHIA
STREET ADDRESS 11510 EAST COLONIAL DRIVE
CITY-ST-ZIP ORLANDO FL 32817-3613

TITLE C ☐ DELETE

NAME BREWER, MARK
STREET ADDRESS 3659 MAGUIRE BLVD
CITY-ST-ZIP ORLANDO FL 32803

TITLE TS ☐ DELETE

NAME SPRAKER, CYNTHIA
STREET ADDRESS 1881 PIONCIANNA RD
CITY-ST-ZIP WINTER PARK FL 32792

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

D
NAME Christian Hart
1.2 NAME
1.3 STREET ADDRESS 300 International Parkway, #130
1.4 CITY-ST-ZIP Heathrow, FL 32746

2.1 TITLE ☐ Change ☐ Addition

D
NAME Carolyn Planck
2.2 NAME
2.3 STREET ADDRESS 1000 Holt Avenue - 2747
2.4 CITY-ST-ZIP Winter Park, FL 32789

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

Sherry M. Abbott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/19/99 407-894-2151

CR2E037 (11/98)