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Jul 14 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthart
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000003929 (4)

1. Corporation Name

CENTRAL FLORIDA ASSOCIATION OF RETAIL HOBBY STORES, INC.



Principal Place of Business

Mailing Address

900 SOUTH ORLANDO AVENUE
WINTER PARK FL 32789

900 SOUTH ORLANDO AVENUE
WINTER PARK FL 32789-4849

3. Date Incorporated or Qualified
07/25/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 634 N. MILLS AVE

26 634 N. MILLS AVE

4. FEI Number

59-3432053

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23 ORLANDO, FL.

28 ORLANDO, FL.

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 32803

25

29 32803

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARSHALL, STEWART
900 SOUTH ORLANDO AVENUE
WINTER PARK FL 32789

81 Name

STEVE RAUSCH

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

634 N. MILLS AVE

83

84 City

ORLANDO

FL

85 Zip Code

32803

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

4-17-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D PRESIDENT / TREASURER / DIRECTOR ☐ DELETE
NAME STEVE RAUSCH
STREET ADDRESS 634 N MILLS AVE
CITY-ST-ZIP ORLANDO FL 32803

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D SECRETARY / DIRECTOR ☐ DELETE
NAME SHARON HARKY
STREET ADDRESS 5600 W. COLONIAL DR
CITY-ST-ZIP ORLANDO FL 32808

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D DIRECTOR ☐ DELETE
NAME BOB FULWIDER
STREET ADDRESS 7333 LAKE UNDERHILL RD
CITY-ST-ZIP ORLANDO FL 32822

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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 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

SIGNATURE OF OFFICER

4-17-97

CR2E037 (9/96)