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Aug 01 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000004193 (6)**

1. Corporation Name

**CENTRAL FLORIDA PARTNERSHIP FOR NON-VIOLENCE, IN  
C.**



Principal Place of Business <b>400 E. SEMORAN BLVD. STE 102 CASSELBERRY FL 32707</b>	Mailing Address <b>400 E. SEMORAN BLVD. STE 102 CASSELBERRY FL 32707-4974</b>
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3. Date Incorporated or Qualified **08/08/1996** 3a. Date of Last Report

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
	Country <b>30</b>

4. FEI Number <b>31-149 7880</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>MCCARTHY, ROBERT J 400 E. SEMORAN BLVD. STE 102 CASSELBERRY FL 32707</b>	
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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	<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCCARTHY, BOB</b>	1.2 NAME	
STREET ADDRESS	<b>400 E. SEMORAN BLVD.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CASSELBERRY FL 32707</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOORE, KATHLEEN PH.D.</b>	2.2 NAME	
STREET ADDRESS	<b>400 E. SEMORAN BLVD.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CASSELBERRY FL 32707</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRISBEE, NOMA PH.D.</b>	3.2 NAME	
STREET ADDRESS	<b>400 E. SEMORAN BLVD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CASSELBERRY FL 32707</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JACKSON, HARRY</b>	4.2 NAME	
STREET ADDRESS	<b>3723 VISION BLVD.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32839</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURNETT, LEN</b>	5.2 NAME	
STREET ADDRESS	<b>9086 AIRPORT BLVD.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32827</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOBLEY, MICHAEL</b>	6.2 NAME	
STREET ADDRESS	<b>580 OVIEDO ROAD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER SPRINGS FL</b>	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 \_\_\_\_\_

CR2E037 (9/96)