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NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Feb 02 1998 8:00am
Secretary of State

DOCUMENT # N96000004193 (6)

1. Corporation Name

CENTRAL FLORIDA PARTNERSHIP FOR NON-VIOLENCE, IN
C.

Principal Place of Business

Mailing Address

400 E. SEMORAN BLVD.
STE 102
CASSELBERRY FL 32707

400 E. SEMORAN BLVD.
STE 102
CASSELBERRY FL 32707

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCARTHY, ROBERT J
400 E. SEMORAN BLVD.
STE 102
CASSELBERRY FL 32707

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME MCCARTHY, BOB
STREET ADDRESS 400 E. SEMORAN BLVD.
CITY-ST-ZIP CASSELBERRY FL 32707

TITLE V ☐ DELETE

NAME MOORE, KATHLEEN PH.D.
STREET ADDRESS 400 E. SEMORAN BLVD.
CITY-ST-ZIP CASSELBERRY FL 32707

TITLE S ☐ DELETE

NAME FRISBEE, NOMA PH.D.
STREET ADDRESS 400 E. SEMORAN BLVD.
CITY-ST-ZIP CASSELBERRY FL 32707

TITLE D ☐ DELETE

NAME JACKSON, HARRY
STREET ADDRESS 3723 VISION BLVD.
CITY-ST-ZIP ORLANDO FL 32839

TITLE D ☒ DELETE

NAME BURNETT, LEN
STREET ADDRESS 9086 AIRPORT BLVD.
CITY-ST-ZIP ORLANDO FL 32827

TITLE D ☐ DELETE

NAME MOBLEY, MICHAEL
STREET ADDRESS 580 OVIEDO ROAD
CITY-ST-ZIP WINTER SPRINGS FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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:

[Signature] REQUIRED

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