

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90018 025 ****61.25

DOCUMENT # N96000004193 ✓

1. Corporation Name

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

Principal Place of Business

400 E. SEMORAN BLVD.
STE 102
CASSELBERRY FL 32707

Mailing Address

400 E. SEMORAN BLVD.
STE 102
CASSELBERRY FL 32707



2. Principal Place of Business

1 Suite, Apt. #, etc.

2 City & State

3 Zip

Country

4

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

08/08/1996

4. FEI Number

31-1497880

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

11 TITLE ☐ DELETE

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

11 TITLE ☐ DELETE

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

11 TITLE ☐ DELETE

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

11 TITLE ☐ DELETE

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

11 TITLE ☐ DELETE

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

11 TITLE ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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, on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-28-99 402695-8222

0000899

CR2E037 (5/99)