


FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N96000004786 (7)**

1. Corporation Name

**AFRICIAN AMERICANS UNITING FOR LIFE OF CENTRAL F
LORIDA, INC.**

Principal Place of Business

Mailing Address

POST OFFICE 2343
ORLANDO FL 32802-2343

POST OFFICE 2343
ORLANDO FL 32802



3. Date Incorporated or Qualified
09/16/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCGILL, DEBORAH M
5014 DOWNING STREET
ORLANDO FL 32839**

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 **D** ☐ DELETE
NAME **MCGILL, DEBORAH M**
STREET ADDRESS **POST OFFICE BOX 271**
CITY - ST - ZIP **ORLANDO FL 32802-0271**

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

TITLE **D** ☐ DELETE
NAME **HAWKINS, WALTER**
STREET ADDRESS **400 SOUTH ORANGE AVE.**
CITY - ST - ZIP **ORLANDO FL 32801**

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

TITLE **D** ☐ DELETE
NAME **TURNER, JANE**
STREET ADDRESS **558 EATON STREET**
CITY - ST - ZIP **EATONVILLE FL 32751**

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

TITLE **D** ☐ DELETE
NAME **WOULARD, PAMELA**
STREET ADDRESS **POST OFFICE BOX 271**
CITY - ST - ZIP **ORLANDO FL 32802-0271**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE **D** ☐ DELETE
NAME **TIMM, MARY**
STREET ADDRESS **POST OFFICE BOX 271**
CITY - ST - ZIP **ORLANDO FL 32802-2343**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS **9972 Flynt Circle**
5.4 CITY - ST - ZIP **Orlando, FL 32825**

TITLE **D** ☐ DELETE
NAME **CUNEGIN, FLORETTA**
STREET ADDRESS **914 SOUTH DOLINS AVE.**
CITY - ST - ZIP **ORLANDO FL 32805**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97 (407) 317-3200
Date Daytime Phone # **0077880**

CR2E037 (9/96)