


FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000005699 (0)
1. Corporation Name
CENTRAL FLORIDA CHEERLEADING ASSOCIATION, INC.



Principal Place of Business 140 STATE ROAD 419 WINTER SPRINGS FL 32708	Mailing Address 140 STATE ROAD 419 WINTER SPRINGS FL 32708
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3. Date Incorporated or Qualified
10/07/1997

4. FEI Number ☒ Applied For
Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26 4250 ALAFAYA TRAIL
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 #212117
City & State 23	City & State 28 OVIEDO FL
Zip 24	Zip 29 32765
Country 25	Country 30 USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LENZINI, TOMMY J
140 STATE ROAD 419
WINTER SPRINGS FL 32708**

81 Name	BONNIE J. HART
82 Street Address (P.O. Box Number is Not Acceptable)	751 SEMINOLE WOODS BLVD.
83	
84 City	GENEVA FL
85 Zip Code	32732

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 Bonnie J. Hart **Bonnie J. Hart**

4/29/98

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	<input type="checkbox"/> DELETE
NAME	LENZINI, TOMMY J	
STREET ADDRESS	140 STATE ROAD 419	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CURRY, RAYMOND	
STREET ADDRESS	140 STATE ROAD 419	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HART, BONNIE J	
STREET ADDRESS	751 SEMINOLE WOODS BLVD.	
CITY-ST-ZIP	GENEVA FL 32732	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARCZUK, JO	
STREET ADDRESS	755 KEENELAND PIKE	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WOOD, DEBBIE	
STREET ADDRESS	4972 COURTLAND LOOP	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, or on an attachment with an address.

SIGNATURE: Bonnie J. Hart **Bonnie J. Hart** **4/29/98** **(407) 660-1040**

CR2E037 (10/97)