05111999-90040-018-$61.25-$61.25

FILED
May 11, 1999 8:00 am
Secretary of State
05-11-1999 90040 018 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N98000002661

1. Corporation Name
CENTRAL FLORIDA POST CARD CLUB, INC.

578385 - 90008 - 24

Principal Place of Business	Mailing Address
1612 LAWNDALE CIRCLE WINTER PARK FL 32792	POST OFFICE BOX 3712 WINTER PARK FL 32790

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 850 Maury Rd. 100 (Suite, Apt. #, etc.)	26 850 Maury Rd. 100 (Suite, Apt. #, etc.)	05/08/1998
22 Orlando, Fl. (City & State)	27 Orlando, Fl. (City & State)	4. FEI Number 59-3509497 ☐ Applied For ☐ Not Applicable
23 32804 (Zip) (Country) 24 25	28 32804 (Zip) (Country) 29 30	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

THIS IN CORRECT. SEE ATTACHED. WE HAVE NO IDEA WHAT AMERILAWYER IS.

10. Name and Address of New Registered Agent

81 Name: LINDA E. MAYFIELD
82 Street Address (P.O. Box Number is Not Acceptable): 1612 LAWNDALE CIRCLE
83
84 City: WINTER PARK FL 85 Zip Code: 32792

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: Madeleine Bennett Madeleine Bennett 6-18-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAYFIELD, LINDA E 1612 LAWNDALE CIRCLE WINTER PARK FL 32792	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STILES, LARRY 1505 NORTH CAROLWOOD BLVD. FERN PARK FL 32730	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D YEARGAIN, TINA 623 NORTHBRIDGE DRIVE ALTAMONTE SPRINGS FL 32714	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	628-NORTHBRIDGE DRIVE	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D,P MADELINE BENNETT 850 MAURY ROAD, #100 ORLANDO, FLORIDA 32804	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D,T LOUANN HOWARD 1905 DORIS DRIVE ORLANDO, FLORIDA 32807	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[redacted] D MICHELLE GHORBANIAN 1906 VIENNA DRIVE CASSELBERRY, FL. 32707	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☒ Addition

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Madeleine Bennett Apr. 29, 1999 407-843-5442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SIGNATURE REQUIRED