

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90096 014 ****61.25

DOCUMENT # N98000004349

1. Corporation Name

COMMUNITIES IN SCHOOLS OF ORANGE COUNTY, INC.

Principal Place of Business

1421 WALTHAM AVE
ORLANDO FL 32809

Mailing Address

1421 WALTHAM AVE
ORLANDO FL 32809



2. Principal Place of Business

21 6277 Sea Harbor Dr

Suite, Apt. #, etc.

22 8th Floor

City & State

23 Orlando, FL

Zip Country

24 32887

25 Orange

2a. Mailing Address

26 6277 Sea Harbor Drive

Suite, Apt. #, etc.

27 8th Floor

City & State

28 Orlando, FL

Zip Country

29 32887

30 Orange

3. Date Incorporated or Qualified

07/28/1998

4. FEI Number

59-3557816

Applied For

Not Applicable

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

WILES, ELIZABETH
1421 WALTHAM AVE
ORLANDO FL 32809

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 6277 Sea Harbor Drive, 8th Floor

84 City
Orlando

85 Zip Code
FL 32887

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

TITLE Executive Director ☐ DELETE

NAME Elizabeth Wiles

STREET ADDRESS 6277 Sea Harbor Drive, 8th Floor

CITY-ST-ZIP Orlando, FL 32887

TITLE LaBron Chance ☐ DELETE

NAME Chairman

STREET ADDRESS 6277 Sea Harbor Drive

CITY-ST-ZIP Orlando, FL 32887

TITLE Ruth Mustian ☐ DELETE

NAME Secretary

STREET ADDRESS 75 S. Ivanhoe Blvd.

CITY-ST-ZIP Orlando, FL 32802-1234

TITLE Incorporator of Corporation ☐ DELETE

NAME Frank Ioppolo, Jr.

STREET ADDRESS 111 N. Orange Ave., Suite 2050

CITY-ST-ZIP Orlando, FL 32801

TITLE President, Leadership Council ☐ DELETE

NAME Ron Wilson

STREET ADDRESS 507 E. Michigan St.

CITY-ST-ZIP Orlando, FL 32856

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Elizabeth Wiles, Executive Director

Date 4-29-99 Daytime Phone # 407 305-4320

CR2E037 (11/98)

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