


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90057 043 \*\*\*\*61.25

U01-20-4

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N98000004377</b>					
1. Corporation Name <b>APOPKA AREA POLITICAL ALLIANCE, INC.</b>					
Principal Place of Business <b>180 EAST MAIN STREET APOPKA FL 32703</b>			Mailing Address <b>180 EAST MAIN STREET APOPKA FL 32703</b>		



2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>08/01/1998</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>59-3531366</b>	
City & State <b>23</b>		City & State <b>28</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>24</b>		Zip <b>29</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country <b>25</b>		Country <b>30</b>			
9. Name and Address of Current Registered Agent <b>GARDINAR, ANDY 180 EAST MAIN STREET APOPKA FL 32703</b>				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City <b>FL</b> 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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRANCIS, STEVEN J</b>	1.2 NAME	
STREET ADDRESS	<b>1551 EAST SEMORAN BLVD.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>APOPKA FL 32703</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCLEOD, RAYMOND A</b>	2.2 NAME	
STREET ADDRESS	<b>48 EAST MAIN STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>APOPKA FL 32703</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMOTHERS, HAROLD D</b>	3.2 NAME	
STREET ADDRESS	<b>101 SOUTH PARK AVE.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>APOPKA FL 32703</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RANKIN, DAVID L</b>	4.2 NAME	
STREET ADDRESS	<b>2488 SEMORAN BLVD.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>APOPKA FL 32703</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARDINER, ANDREW C</b>	5.2 NAME	
STREET ADDRESS	<b>180 EAST MAIN STREET</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>APOPKA FL 32703</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRABER, JAMES M</b>	6.2 NAME	
STREET ADDRESS	<b>7 W. MAIN STREET</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>APOPKA FL 32703</b>	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 any address, with all other like empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)