

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000029184 (7)**

1. Corporation Name

MAKING A CHANGE CONSULTING GROUP, INC.



Principal Place of Business

**1912 B LEE RD
STE C-2
ORLANDO FL 32810
US**

Mailing Address

**1912 B LEE RD
STE C-2
ORLANDO FL 32810
US**

3. Date Incorporated or Qualified
04/20/1993

3a. Date of Last Report
07/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite Apt. #, etc.

Suite Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-3196795

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CROOKS, RAY M

**• 1912-B LEE RD
STE C-2
ORLANDO FL 32810**

81

Name

CAROLINE MIXON

82

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

1912-B Lee Road

83

Suite

C-2

84

City

ORLANDO

FL

85

Zip Code

32810

11. Pursuant to the provisions of Sections 607.0502 and 607.1502 of 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 607.0105, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when re-statuting.)

DATE

S-7-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME
**PD
MIXON, CAROLINE**
STREET ADDRESS
1912-B LEE RD STE C-2
CITY-ST-ZIP
ORLANDO FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME
**D
CROOKS, RAY**
STREET ADDRESS
1912 B LEE RD STE C-2
CITY-ST-ZIP
ORLANDO FL

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Ray M. Crooks**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96
Date

407 578-2848
Daytime Phone #

CR2E034 (12/95)