

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # 712026
 1. Entity Name
 INTERNATIONAL COUNCIL OF CENTRAL FLORIDA, INC.



Principal Place of Business: 1400 W FAIRBANKS, 102 SUITE 102 WINTER PARK, FL 32789
 Mailing Address: 1400 W FAIRBANKS, 102 SUITE 102 WINTER PARK, FL 32789

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04252005 No Chg-NP CR2E037 (10/03)

4. FEI Number: 59-1837575
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
 CHASTANG, LAWRENCE J
 1400 W. FAIRBANKS, #102
 WINTER PARK, FL 32789

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

000000340736
 04/28/05-80130-014 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FORSTER, GARY
STREET ADDRESS	PO BOX 915408
CITY-ST-ZIP	LONGWOOD, FL 327915408
TITLE	VPD
NAME	GEHRI, PATRICIA
STREET ADDRESS	1850 LEE RD, STE 300
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	SD
NAME	LASCH, MARLENE
STREET ADDRESS	PO BOX 915408
CITY-ST-ZIP	LONGWOOD, FL 327915408
TITLE	TD
NAME	CHASTANG, LAWRENCE
STREET ADDRESS	1400 W FAIRBANKS AV #102
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other fees empowered.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 4/25/05 Daytime Phone: 407-629-1944