

FILE NOW: FILING FEE IS \$61.25.

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 OCT 26 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **747488** (5)

1. Corporation Name

**CENTRAL FLORIDA SOCIETY OF ASSOCIATION EXECUTIVE
S, INC.**

Principal Place of Business

Mailing Address

4421 GILPIN WAY
ORLANDO FL 32812
US

P O BOX 580467
ORLANDO FL 32856
US

3. Date Incorporated or Qualified

06/04/1979

4. FEI Number

59-1880365

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suits, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MEAD, LONDRA H
4421 GILPIN WAY
ORLANDO FL 32812

81 Name

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

000002574930--9

83

-10/28/98--01088--002

84 City

*******61.25 *****61.25**

FL

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]
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 ☐ DELETE
NAME **D LARA, PEGGY**
STREET ADDRESS **4162 EDGEWATER DRIVE**
CITY-ST-ZIP **ORLANDO FL**

1.1 TITLE **Vice President D** ☒ Change ☐ Addition
1.2 NAME **Peggy Lara**
1.3 STREET ADDRESS **4162 Edgewater Drive**
1.4 CITY-ST-ZIP **Orlando, FL 32804**

TITLE ☐ DELETE
NAME **D JENNINGS, BELTON III**
STREET ADDRESS **621 E CENTRAL BLVD**
CITY-ST-ZIP **ORLANDO FL**

2.1 TITLE **President D** ☒ Change ☐ Addition
2.2 NAME **Belton Jennings, III**
2.3 STREET ADDRESS **621 E. Central Blvd.**
2.4 CITY-ST-ZIP **Orlando, FL 32801**

TITLE ☒ DELETE
NAME **D MILLER, BARBARA**
STREET ADDRESS **7380 SAND LAKE RD #500**
CITY-ST-ZIP **ORLANDO FL**

3.1 TITLE **Treasurer D** ☐ Change ☒ Addition
3.2 NAME **Carolyn Gardner**
3.3 STREET ADDRESS **7025 Augusta National Dr.**
3.4 CITY-ST-ZIP **Orlando, FL 32822**

TITLE ☐ DELETE
NAME **EVP MEAD, LONDRA H**
STREET ADDRESS **4421 GILPIN WAY**
CITY-ST-ZIP **ORLANDO FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **P GINKEL, KATHY**
STREET ADDRESS **1633 E. VINE STREET, #206**
CITY-ST-ZIP **KISSIMEE FL**

5.1 TITLE **Director** ☐ Change ☒ Addition
5.2 NAME **Richard Maladecki**
5.3 STREET ADDRESS **7208 Sand Lake Rd., Ste. 205**
5.4 CITY-ST-ZIP **Orlando, FL 32819**

TITLE ☒ DELETE
NAME **PE SHOLANDER, MARK**
STREET ADDRESS **201 EAST PINE ST. SUITE 800**
CITY-ST-ZIP **ORLANDO FL**

6.1 TITLE **President-Elect D** ☐ Change ☒ Addition
6.2 NAME **Lynn Hupp**
6.3 STREET ADDRESS **222 S. WestmonteDr., Ste. 101**
6.4 CITY-ST-ZIP **Altamonte Springs, FL 32714**

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.

SIGNATURE:

[Signature]
SIGNATURE: **REMYN**

407-275-3777

CR2E037 (10/97)