

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90453 032 ****61.25

DOCUMENT # 747488

1. Entity Name

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



Principal Place of Business

**4421 GILPIN WAY
ORLANDO FL 32812
US**

Mailing Address

**P O BOX 560787
ORLANDO FL 32856
US**

2. Principal Place of Business

526 SIMPSON Rd

3. Mailing Address

526 SIMPSON Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Kissimmee, FL

City & State

Kissimmee, FL

Zip

34744

Country

USA

Zip

34744

Country

USA

4. FEI Number **59-1880365**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MEAD, LONDRA H
4421 GILPIN WAY
ORLANDO FL 32812**

7. Name and Address of New Registered Agent

Name **Katherine C Ginkel**

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

526 SIMPSON Rd

City

Kissimmee

FL

Zip Code

34744

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

Katherine C Ginkel (KATHERINE C. Ginkel) 2/9/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	TO BERRY, NANCY	<input type="checkbox"/> Delete
STREET ADDRESS	222 S WEST MONTE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE NAME	PD CARMEN, CHARLES	<input type="checkbox"/> Delete
STREET ADDRESS	22 W. LAKE BEAUTY DR, STE 314	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE NAME	D DYRS, SHANNON	<input type="checkbox"/> Delete
STREET ADDRESS	1912 LEE ROAD	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE NAME	EVP MEAD, LONDRA H	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	4421 GILPIN WAY,	
CITY-ST-ZIP	ORLANDO FL	
TITLE NAME	PED MONAHAN, TOM	<input type="checkbox"/> Delete
STREET ADDRESS	900 FOX VALLEY DR, STE 204	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE NAME	VPD WITT, TED	<input type="checkbox"/> Delete
STREET ADDRESS	12644 RESEARCH PKWY	
CITY-ST-ZIP	ORLANDO FL 32826	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	President Elect/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	BERRY, NANCY	
CITY-ST-ZIP		
TITLE NAME	TO PAST President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CARMEN, CHARLES	
CITY-ST-ZIP		
TITLE NAME	Vice President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	SHANNON, DYKE	
CITY-ST-ZIP		
TITLE NAME	EVP Katherine C. Ginkel	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	526 SIMPSON Rd	
CITY-ST-ZIP	Kissimmee, FL 34744	
TITLE NAME	President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Monahan, TOM	
CITY-ST-ZIP		
TITLE NAME	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	WITT, TED	
CITY-ST-ZIP		

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 like empowered.

SIGNATURE:

KATHERINE C. GINKEL 2/9/03 407-933-7879

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)