


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90011 020 ****61.25

DOCUMENT # 764714 1. Entity Name SMPS FLORIDA CHAPTER, INC.			
Principal Place of Business 320 E. SOUTH ST. ORLANDO, FL 32801 US		Mailing Address P.O. BOX 1459 ORLANDO, FL 32801 US	
2. Principal Place of Business - No P.O. Box # 940 N. Ferncreek Avenue Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1459 Suite, Apt. #, etc.	
City & State Orlando, FL		City & State Orlando, FL	
Zip 32803		Country US	
4. FEI Number 59-2648921		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PETERSON, BROOKE 320 E. SOUTH ST. ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name Bonilla, Brenda Street Address (P.O. Box Number is Not Acceptable) 940 N. Ferncreek Avenue City Orlando FL Zip Code 32803	
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: <u>Brenda Bonilla</u> <u>Brenda Bonilla, Treasurer</u> <u>1/25/08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RECCHIO, MIKE 320 E. SOUTH ST. ORLANDO, FL 32801 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Randolph, Bill P.O. Box 941994 Maitland, FL 32794 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RANDOLPH, BILL PO BOX 941994 MAITLAND, FL 32794 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Hollingsworth, Linda 255 South Maitland Ave. MAITLAND, FL 32751 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR PETERSON, BROOKE 320 E. SOUTH ST. ORLANDO, FL 32801 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR Bonilla, Brenda 940 N. Ferncreek Ave. Orlando, FL 32803 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEENE, KAREN 630 NORTH WYMORE ROAD SUITE 370 MAITLAND, FL 32751 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Petersen, Karen 1912 Boothe Circle, Suite 100 Longwood, FL 32750 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Brenda Bonilla</u> <u>Brenda Bonilla</u> <u>1/25/08</u> <u>(407) 650-0006</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			