2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2004
Secretary of State

DOCUMENT# N02000002040

Entity Name: CENTRAL FLORIDA CHAPTER, INTERNATIONAL CUSTOMER SERVICES ASSOCIATION, INC.

Current Principal Place of Business:

1801 LEE ROAD
SUITE 245
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

1801 LEE ROAD
SUITE 245
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 38-3646270 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAKOCZY, MATT
2801 PROFESSIONAL PKWY
OCOEE, FL 34761 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	S/D	( ) Delete
Name:	FARIES, HOLLY S	
Address:	448 COMMERCE WAY	
City-St-Zip:	LONGWOOD, FL 32750 US	
Title:	P/D	( ) Delete
Name:	RAKOCZY, MATT	
Address:	2801 PROFESSIONAL PKWY	
City-St-Zip:	OCOEE, FL 32712 US	
Title:	V/D	( ) Delete
Name:	SHUMATE, MIKE	
Address:	1801 LEE RD. STE 245	
City-St-Zip:	WINTER PARK, FL 32789 US	
Title:	T/D	( ) Delete
Name:	CHANDLER, VINCENT T	
Address:	8523 COMMODITY CIR., STE 100	
City-St-Zip:	ORLANDO, FL 32819 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VINCENT CHANDLER T 04/11/2004

Electronic Signature of Signing Officer or Director — Date