2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State
04-21-2005 90246 021 ****61.25

DOCUMENT # N02000002040

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

Principal Place of Business	Mailing Address
1801 LEE ROAD SUITE 245 WINTER PARK, FL 32789	1801 LEE ROAD SUITE 245 WINTER PARK, FL 32789

04132005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
326 East Michigan St	326 East Michigan St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32806 Country: USA	Zip: 32806 Country: USA

4. FEI Number 38-3646270 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RAKOCZY, MATT 2801 PROFESSIONAL PKWY OCOEE, FL 34761	Name: Mike Shumate Street Address (P.O. Box Number is Not Acceptable): 326 East Michigan St. City: Orlando FL Zip Code: 32806

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: MIKE SHUMATE - PRESIDENT Mike Shumate - President 4/15/05
Signature, typed or printed name of registered agent and title if applicable. (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

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	S/D FARIES, HOLLY S 448 COMMERCE WAY LONGWOOD, FL 32750	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D RAKOCZY, MATT 2801 PROFESSIONAL PKWY OCOEE, FL 32712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition President Shumate, Mike 326 East Michigan St. Orlando, FL 32806
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D SHUMATE, MIKE 1801 LEE RD. STE 245 WINTER PARK, FL 32789	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition Vice President Chandler, Vincent 8523 Commodity Circle, Suite 100 Orlando, FL 32819
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D CHANDLER, VINCENT T 8523 COMMODITY CIR., STE 100 ORLANDO, FL 32819	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition Treasurer Chandler, Terry 1581 Hobson Street Longwood, FL 32750
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Vincent Chandler 407-836-1029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #