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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 7:11

DOCUMENT # **N11477** **(9)**

1. Corporation Name

CENTRAL FLORIDA SPEAKERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
STALEY, MICHAEL F. 231 BRITTAN AVENUE PORT ORANGE FL 32127-3914 US	STALEY, MICHAEL F. 231 BRITTANY AVENUE PORT ORANGE FL 32127-5914 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/09/1985**
3a. Date of Last Report: **07/14/1994**
4. FEI Number: **74-2422644** ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	11 TITLE	☐ Change ☐ Addition
NAME	ALLEN GORDIE	12 NAME	
STREET ADDRESS	4708 PERSIMMON WAY, N/A	13 STREET ADDRESS	
CITY-ST-ZIP	KILLARNEY FL 34740	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	JONES, JOE H	22 NAME	
STREET ADDRESS	4708 PERSIMMON WAY	23 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	NICHOLSON, SHERYL	32 NAME	
STREET ADDRESS	1404 CORNER OAKS DR.	33 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL 33510	34 CITY-ST-ZIP	
TITLE	DT	41 TITLE	☐ Change ☐ Addition
NAME	NELSON, DAVID N.	42 NAME	
STREET ADDRESS	1705 17TH AVENUE	43 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	44 CITY-ST-ZIP	
TITLE	PD	51 TITLE	☐ Change ☐ Addition
NAME	STALEY, MICHAEL F	52 NAME	
STREET ADDRESS	231 BRITTANY AVE	53 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL	54 CITY-ST-ZIP	
TITLE	DS	61 TITLE	DS ☒ Change ☐ Addition
NAME	MCCARTHY, KEVIN W.	62 NAME	WARMAN, WENDY
STREET ADDRESS	120 UNIVERSITY DRIVE, SUITE 200	63 STREET ADDRESS	608 COURT STREET, SUITE A
CITY-ST-ZIP	WINTER PARK FL	64 CITY-ST-ZIP	CLEARWATER, FL 34616-5506

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: David N. Nelson Treasurer **David N. Nelson, Treasurer** **407-562-0877**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

N11477

CENTRAL FLORIDA SPEAKERS ASSOCIATION DOC # N11477

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HARRIS, JIM
119 10TH AVENUE NORTH
INDIAN ROCKS BEACH, FL 34635

D
PINETTE, RICK
966 MAPLE COURT
APOKA, FL 32703