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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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

1. Corporation Name

CENTRAL FLORIDA SPEAKERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
ALLEN, GORDIE 17745 DEER ISLE CIR KILLARNEY FL 34740 US	PO BOX 400 KILLARNEY FL 34740-0400 US

3. Date Incorporated or Qualified: **09/09/1985**
3a. Date of Last Report: **02/13/1996**

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ALLEN, GORDIE
17745 DEER ISLE CIR
KILLARNEY FL 34740

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 617.0502 and 617.1508, 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 617.0503, 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	DP	☐ DELETE	1.1 TITLE	D	☑ Change ☐ Addition
NAME	ALLEN GORDIE		1.2 NAME		
STREET ADDRESS	17745 DEER ISLE CIR		1.3 STREET ADDRESS		
CITY-ST-ZIP	KILLARNEY FL		1.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HARRIS, JIM		2.2 NAME		
STREET ADDRESS	119 10TH AVE, NORTH		2.3 STREET ADDRESS		
CITY-ST-ZIP	INDIAN ROCKS BCH FL		2.4 CITY-ST-ZIP		
TITLE	DT	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	NELSON, DAVID N.		3.2 NAME		
STREET ADDRESS	1705 17TH AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	STALEY, MICHAEL F		4.2 NAME		
STREET ADDRESS	231 BRITTANY AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE FL		4.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	5.1 TITLE	DP	☑ Change ☐ Addition
NAME	WARMAN, WENDY		5.2 NAME		
STREET ADDRESS	608 COURT ST #A		5.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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: _____ SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # (optional)