2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000000864

1. Entity Name
CENTRAL FLORIDA BUSINESS TRAVEL ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3208C E. COLONIAL DR SUITE 293 PMB 293 ORLANDO, FL 32803 US	3208C E. COLONIAL DR SUITE 293 PMB 293 ORLANDO, FL 32803 US

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01182005 No Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NAZARIO, AUDREY D
315 N. BUMBY AVENUE
ORLANDO, FL 32803

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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 _____
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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BENHKE, SUE
STREET ADDRESS	5500 HAZELTON NATIONAL DR
CITY-ST-ZIP	ORLANDO, FL 32812
TITLE	VPIA
NAME	BEHAL, FLO
STREET ADDRESS	605 CRESCENT EXECUTIVE CT., STE 600
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	P
NAME	ANDRY, STEPHANIE
STREET ADDRESS	270 DOUGLAS AVE.
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	S
NAME	KLEIN, LISA
STREET ADDRESS	7499 AUGUSTA NATIONAL DR.
CITY-ST-ZIP	ORLANDO, FL 32822
TITLE	D
NAME	NAZARIO, AUDREY
STREET ADDRESS	315 NORTH BUMBY AVENUE
CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/29/05-80022-023 61.25

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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: Nazario Audrey D. Nazario, Treasurer Jan. 18, 2005 407-210-3375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #