


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90283 003 \*\*\*\*61.25

<b>DOCUMENT # 700379</b> 1. Entity Name <b>CENTRAL FLORIDA COIN CLUB INC</b>					
Principal Place of Business <b>MARK ST SENIOR CENTER 99 E MARK STREET ORLANDO, FL 32803</b>			Mailing Address <b>P.O BOX 568061 ORLANDO, FL 32856</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1637087</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MARTIN, STEVE 5420 DIPLOMAT CIRCLE ORLANDO, FL 32810</b>				Name <b>Steve Martin</b> Street Address (P.O. Box Number is Not Acceptable) <b>2701 Maitland Center Parkway #160</b> City <b>Maitland</b> State <b>FL</b> Zip Code <b>32771</b>	
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 <b>Steve Martin</b> <b>25 Feb 05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD HANCOCK, WILLIAM II 534 RIVERWOODS CIR ORLANDO, FL 32525</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>(EPD) John New 14205 E. Colonial Rd Orlando FL 32826</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD MARTIN, STEVE P.O BOX 679118 ORLANDO, FL 32867</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP NEW, JOHN 5353 SOUTH VINELAND ROAD ORLANDO, FL 32811</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>(VVP) Thomas Stott 1025 Winter Springs Blvd Orlando FL 32708</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BRICKER, PAUL 4424 S FERN CREEK AVENUE ORLANDO, FL 32806</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LAYONA, PAT 1634 CANTON LANE OVIEDO, FL 32765</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>(D) Robert Russell 1978 Chantilly Ave Winter Park FL 32789</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S MOON, DONNA 3242 RIDER PLACE ORLANDO, FL 32817</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <b>Steve Martin (Treasurer)</b> <b>25 Feb 05</b> <b>407 475-1212</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

**50023298**



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