

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90032 036 \*\*\*\*61.25

**DOCUMENT # 712026**

1. Entity Name  
INTERNATIONAL COUNCIL OF CENTRAL FLORIDA, INC.



Principal Place of Business  
1400 W FAIRBANKS, 102  
SUITE 102  
WINTER PARK, FL 32789

Mailing Address  
1400 W FAIRBANKS, 102  
SUITE 102  
WINTER PARK, FL 32789

04010315



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02162004 Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number  
59-1837575

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

## 6. Name and Address of Current Registered Agent

CHASTANG, LAWRENCE J  
1400 W. FAIRBANKS, #102  
WINTER PARK, FL 32789

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004**

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

TITLE PD ☒ Delete  
NAME SHANK, GEORGE  
STREET ADDRESS 715 WEST STATE RD 434, SUITE G  
CITY-ST-ZIP LONGWOOD, FL 32750

TITLE VPD ☐ Delete  
NAME GEHRI, PATRICIA  
STREET ADDRESS 1850 LEE RD, STE 300  
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE SD ☒ Delete  
NAME PAPPALANDO, JANET  
STREET ADDRESS 98 WISTERIA DRIVE  
CITY-ST-ZIP LONGWOOD, FL 32779

TITLE TD ☐ Delete  
NAME CHASTANG, LAWRENCE  
STREET ADDRESS 1400 W FAIRBANKS AV #102  
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition  
NAME FORSTER, GARY  
STREET ADDRESS PO BOX 915408  
CITY-ST-ZIP LONGWOOD, FL 32791-5408

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Change ☒ Addition  
NAME LASCH, MARLENE  
STREET ADDRESS PO BOX 915408  
CITY-ST-ZIP LONGWOOD, FL 32791-5408

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 employment.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/5/04 407-629-1944