

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90234 049 ****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



04272006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-1837575

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FORSTER, GARY Mr. Charles Ramm. PO BOX 915408 LONGWOOD, FL 327915408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GEHRI, PATRICIA 1850 LEE RD, STE 300 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LASCH, MARLENE PO BOX 915408 LONGWOOD, FL 327915408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHASTANG, LAWRENCE 1400 W FAIRBANKS AV #102 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/06