

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2008 8:00 am**  
**Secretary of State**

01-31-2008 90025 049 \*\*\*\*70.00

**DOCUMENT # 738646**

1. Entity Name  
FLORIDA STAMP DEALERS ASSOCIATION,  
INCORPORATED



Principal Place of Business  
708 CATHERINE ST  
PO BOX 421850  
KISSIMMEE, FL 34741 US

Mailing Address  
P O BOX 421850  
KISSIMMEE, FL 34742-1850



2. Principal Place of Business - No P.O. Box #  
**9225 RAINBOW LANE**

3. Mailing Address  
**P.O. BOX 1076**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01232008 Chg-NP CR2E037 (12/06)

City & State  
**PORT RICHEY, FL**

City & State  
**PORT RICHEY, FL**

4. FEI Number  
59-1759905

Applied For  
Not Applicable

Zip  
**34668**

Country

Zip  
**34673**

Country

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

## 6. Name and Address of Current Registered Agent

REEDER, EARL T  
708 N CATHERINE ST  
KISSIMMEE, FL 34741

## 7. Name and Address of New Registered Agent

Name **ROGG, SHELDON**  
Street Address (P.O. Box Number is Not Acceptable)  
**9225 RAINBOW LANE**  
City **PORT RICHEY** FL Zip Code **34668**

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

**SHELDON ROGG, PRESIDENT 727-848-7697**  
**1/26/08**

**Filing Fee is \$61.25  
Due by May 1, 2008**

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	<input checked="" type="checkbox"/> Delete
NAME	REEDER, EARL T	
STREET ADDRESS	708 N. CATHERINE ST	
CITY-ST-ZIP	KISSIMMEE, FL 34741	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FERGUSON, FRANCIS	
STREET ADDRESS	P.O. BOX 1206	
CITY-ST-ZIP	PLYMOUTH, FL 327681206	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BRICKER, LUCY	
STREET ADDRESS	P O BOX 20463	
CITY-ST-ZIP	BRADENTON, FL 34204	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	ROGG, SHELDON	
STREET ADDRESS	9225 RAINBOW LANE	
CITY-ST-ZIP	PORT RICHEY, FL 34668	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAVEDOW, RANDY	
STREET ADDRESS	1335 RIDGEWOOD	
CITY-ST-ZIP	HOLLY HILL, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEARING, PETER	
STREET ADDRESS	4807 WATER OAK LANE	
CITY-ST-ZIP	JACKSONVILLE, FL 32210	

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

TITLE	PRESIDENT-DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROGG, SHELDON	
STREET ADDRESS	9225 RAINBOW LANE	
CITY-ST-ZIP	PORT RICHEY, FL 34668	
TITLE	VICE PRESIDENT-DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAUSIN, GARY	
STREET ADDRESS	4987 TAMiami TRAIL EAST	
CITY-ST-ZIP	NAPLES, FL 34113	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRICKER, SY	
STREET ADDRESS	P.O. BOX 20463	
CITY-ST-ZIP	BRADENTON, FL 34204	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

**SHELDON ROGG** **1/26/08** **727-848-7697**  
Date Daytime Phone #