


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2005 8:00 am
Secretary of State

07-22-2005 90018 012 ****61.25

DOCUMENT # 739993

1. Entity Name
GREATER ORLANDO CHAPTER OF THE CONSTRUCTION SPECIFICATIONS INSITUTE, INC.



Principal Place of Business
 P.O. BOX 940813
 MAITLAND, FL 32794-0813 US

Mailing Address
 P.O. BOX 940813
 MAITLAND, FL 32794-0813 US

50056939



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

07122005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3036432

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
MARKEL, JAMES W
461 E WEBSTER AVE
WINTER PARK, FL 32790

7. Name and Address of New Registered Agent
 Name William Boehm
 Street Address (P.O. Box Number is Not Acceptable)
18153 Robertson Street
 City Orlando FL Zip Code 32833

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 James W. Markel DATE 7/13/2005

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 September 7, 2005

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	S	<input type="checkbox"/> Delete
NAME	BOEHM, WILLIAM C	
STREET ADDRESS	527 ALTALOMA AVENUE	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MORALES, JOSEPH P	
STREET ADDRESS	2623 SR 456	
CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COOPER, MARTN J	
STREET ADDRESS	1258 QUAIL WALK DRIVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 327141265	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ROTENBERGER, DAVID M	
STREET ADDRESS	1410 ATLANTA AVENUE	
CITY-ST-ZIP	ORLANDO, FL 32806	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JONES, LESLIE C	
STREET ADDRESS	375 EAST HWY 50	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARKLE, JAMES	
STREET ADDRESS	461 E WEBSTER AVE	
CITY-ST-ZIP	WINTER PARK, FL 32790	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carl Taylor	
STREET ADDRESS	100 Colonial Center Pkwy #230	
CITY-ST-ZIP	Lake Mary, FL 32746	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Adams	
STREET ADDRESS	145 Lincoln Avenue	
CITY-ST-ZIP	Winter Park, FL 32789	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bernie Pisczek	
STREET ADDRESS	4522 Clarcona-Ocoec Road	
CITY-ST-ZIP	Orlando, FL 32810	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jack Carter	
STREET ADDRESS	702 N. Tailwood Drive	
CITY-ST-ZIP	Apopka, FL 32712	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Elizabeth Talkington	
STREET ADDRESS	3670 MaGuire Blvd. #300	
CITY-ST-ZIP	Orlando, FL 32803	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harold McGee	
STREET ADDRESS	3300 SW Archer Road #C	
CITY-ST-ZIP	Gainesville, FL 32608	

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 life empowered.

SIGNATURE: James W. Markel Date 07/18/2005 Daytime Phone # 352-551-6913

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #