

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 746145

1. Corporation Name

FLORIDA STATE REENACTMENT SOCIETY INC.

Principal Place of Business

441 HIBISCUS ROAD  
CASSELBERRY FL 32707

Mailing Address

441 HIBISCUS ROAD  
CASSELBERRY FL 32707

FILED  
Apr 01, 1999 8:00 am  
Secretary of State

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2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

03/05/1979

4. FEI Number

59-1939580

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

WEINHART, CAROL  
441 HIBISCUS ROAD  
CASSELBERRY FL 32707

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME WEINHART, RICHARD  
STREET ADDRESS 407-2ND ST  
CITY-ST-ZIP GENEVA FL

TITLE VT ☐ DELETE

NAME WEINHART, VERN  
STREET ADDRESS 441 HIBISCUS ROAD  
CITY-ST-ZIP CASSELBERRY FL

TITLE S ☐ DELETE

NAME SHOGREN, RICK  
STREET ADDRESS 341-2ND ST  
CITY-ST-ZIP CHULUOTA FL

TITLE D ☐ DELETE

NAME SHOGREN, ANDY  
STREET ADDRESS 341-2ND ST  
CITY-ST-ZIP CHULUOTA FL

TITLE D ☐ DELETE

NAME CESTARO, GEORGE  
STREET ADDRESS 810 DYSON DRIVE  
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE D ☐ DELETE

NAME KOCHA, DEBRA  
STREET ADDRESS 5248 CHUKAN OTOSA CIRCLE  
CITY-ST-ZIP ORLANDO FL 32808

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3-27-99

(407) 339-1757

Date

Daytime Phone #

CR2E037 (11/98)