


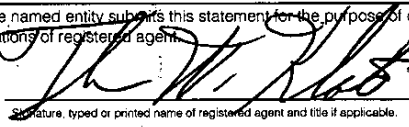
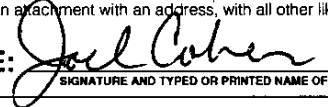
2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2005 8:00 am
Secretary of State

08-30-2005 90030 040 ****61.25

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DOCUMENT # 747488					
1. Entity Name CENTRAL FLORIDA SOCIETY OF ASSOCIATION EXECUTIVES, INC.					
Principal Place of Business 526 SIMPSON RD. KISSIMMEE, FL 34744 US		Mailing Address 526 SIMPSON RD. KISSIMMEE, FL 34744 US			
2. Principal Place of Business 6415 Orange Bay Avenue		3. Mailing Address P.O. Box 1905			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Orlando, FL		City & State Windermere, FL		4. FEI Number 59-1880365	
Zip 32319-4170		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 32319-4170		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GINKEL, KATHERINE C 526 SIMPSON RD. KISSIMMEE, FL 34744			7. Name and Address of New Registered Agent		
			Name Klote, Thomas		
			Street Address (P.O. Box Number is Not Acceptable) 6415 Orange Bay Avenue		
			City Orlando FL Zip Code 32819-4170		
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 		Thomas Klote, Executive Director		8/25/2005	
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COHEN, JOEL 1330 LEE ROAD ORLANDO, FL 32810	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE CARMEN, CHARLES 1221 WEST COLONIAL SUITE #103 ORLANDO, FL 32804	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE Bebber, Jake 3717 Conway Road Orlando, FL 32812	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHANNON, DYKE 1912 LEE ROAD ORLANDO, FL 32810	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Miller, Barbara 7380 Sand Lake Rd. #500 Orlando, FL 32819	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP GINKEL, KATHERINE 526 SIMPSON RD. KISSIMMEE, FL 34744	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPF Schmidt, Alice 801 Douglas Ave. Suite 205 Altamonte Springs FL 32714	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP MONAHAN, TOM 900 FOX VALLEY DR, STE 204 LONGWOOD, FL 32779	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP Phillips-Bruno, Michele 6050 Universal Blvd. Orlando, FL 32819	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WITT, TED 3100 MCEWAN LN. ORLANDO, FL 32812	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stanly, Jacquelyn P.O. Box 609400 Orlando, FL 32860	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		Joel Cohen, President		8/25/2005 407.513.7283	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	