

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750291

FILED
Jan 29, 2008
Secretary of State

Entity Name: THE CENTRAL FLORIDA SECTION OF THE AMERICAN INSTITUTE OF CHEMICAL ENGINEERS, INC.

Current Principal Place of Business:

3524 CRAFTSMAN BLVD
LAKELAND, FL 33803 US

New Principal Place of Business:

Current Mailing Address:

4798 S FLORIDA AVENUE
BOX 253
LAKELAND, FL 33813 US

New Mailing Address:

FEI Number: 23-7292002 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ANDREW, ROBERT W
3524 CRAFTSMAN BLVD
LAKELAND, FL 33803 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C/D () Delete
Name: SISCO, DENNIS
Address: PO BOX 5228
City-St-Zip: LAKELAND, FL 33807

Title: T/D () Delete
Name: ANDREW, ROBERT W
Address: 7431 HAVENWOOD DR
City-St-Zip: LAKELAND, FL 33810

Title: VC/D () Delete
Name: MIKKOLA, KAREN
Address: 5000 OLD HWY 37 SOUTH
City-St-Zip: MULBERRY, FL 33860

Title: D () Delete
Name: WIGGINS, L. BRUCE
Address: 227 WOOD HALL DR
City-St-Zip: MULBERRY, FL 33860

Title: S/D () Delete
Name: FIGUEROA, RENEE D
Address: 2481 NE COACHMAN RD APT 705
City-St-Zip: CLEARWATER, FL 33765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SISCO, DENNIS
Address: PO BOX 5228
City-St-Zip: LAKELAND, FL 33807

Title: C/D (X) Change () Addition
Name: ANDREW, ROBERT W
Address: 7431 HAVENWOOD DR
City-St-Zip: LAKELAND, FL 33810

Title: VC/D (X) Change () Addition
Name: ELLIS, NEISY C
Address: 8813 US HIGHWAY 41 SOUTH
City-St-Zip: RIVERVIEW, FL 33578

Title: T/D (X) Change () Addition
Name: THOMPSON, HOLLAND
Address: PO BOX 9002
City-St-Zip: BARTOW, FL 33831

Title: S/D (X) Change () Addition
Name: NADASKAY, KEITH
Address: 5880 MANLEY RD
City-St-Zip: FT MEADE, FL 33841

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT W ANDREW

C/D

01/29/2008

Electronic Signature of Signing Officer or Director

Date