

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90318 026 \*\*\*\*61.25

|  |   |
|--|---|
| <b>DOCUMENT # 752750</b>                           |   |
| 1. Entity Name                                     |   |
| ORLANDO CHAPTER OF SAFARI CLUB INTERNATIONAL, INC. |   |
| Principal Place of Business                        | Mailing Address                                       |
| 1061 CHOKE CHERRY DR<br>WINTER SPRINGS FL 32708    | 1061 CHOKE CHERRY DR<br>WINTER SPRINGS FL 32708<br>US |



|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

1st MOORE CR2E037 (10/04)

|   |  |  |  |                                       |
|---|--|--|--|---------------------------------------|
| 4. FEI Number <b>94-2684639</b>   |  |  |  | Applied For                           |
|   |  |  |  | Not Applicable                        |
| 5. Certificate of Status Desired <input type="checkbox"/>                         |  |  |  | <b>\$8.75</b> Additional Fee Required |
| 6. Name and Address of Current Registered Agent                                   |  | 7. Name and Address of New Registered Agent                                    |  |                                       |
| MCCAULEY, JEROME P<br>421 MONTGOMERY RD.<br>ALTAMONTE SPRINGS FL <del>32714</del> |  | MAGALDINO, BENJAMIN C.<br>1362 AUGUSTA NTL BLVD<br>WINTER SPRINGS, FL<br>32708 |  |                                       |
|   |  | Name   |  |                                       |
|   |  | Street Address (P.O. Box Number is Not Acceptable)                             |  |                                       |
|   |  | City   |  | Zip Code                              |

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: *Benjamin C Magalino*  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

|  |  |                                    |  |
|--|--|------------------------------------|--|
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2005</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to Florida Department of State</b> |
|--|--|------------------------------------|--|

| 10. OFFICERS AND DIRECTORS |                          |  |                | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                 |  |  |
|----------------------------|--------------------------|--|----------------|---|---------------------------------|--|--|
| TITLE                      | PD                       | <input checked="" type="checkbox"/> Delete | TITLE          | Director  | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |  |
| NAME                       | BARTOLETTI, JUDY K       |  | NAME           | Dee Louise Crowe                                      |                                 |  |  |
| STREET ADDRESS             | 12009 BROWNS CANAL DR.   |  | STREET ADDRESS | 320 Killarney Bay Ct                                  |                                 |  |  |
| CITY-ST-ZIP                | CLERMONT FL 34711        |  | CITY-ST-ZIP    | Winter Park, FL 32789                                 |                                 |  |  |
| TITLE                      | VD                       | <input type="checkbox"/> Delete            | TITLE          |   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |  |
| NAME                       | FRICKERT, JAMES F        |  | NAME           |   |                                 |  |  |
| STREET ADDRESS             | 11201 WILLOW GARDEN DR.  |  | STREET ADDRESS |   |                                 |  |  |
| CITY-ST-ZIP                | WINDERMERE FL 34786      |  | CITY-ST-ZIP    |   |                                 |  |  |
| TITLE                      | DST                      | <input type="checkbox"/> Delete            | TITLE          |   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |  |
| NAME                       | FRICKERT, JAMES F        |  | NAME           |   |                                 |  |  |
| STREET ADDRESS             | 11201 WILLOW GARDENER DR |  | STREET ADDRESS | See attached  |                                 |  |  |
| CITY-ST-ZIP                | WINDERMERE FL 34782      |  | CITY-ST-ZIP    |   |                                 |  |  |
| TITLE                      | STD                      | <input checked="" type="checkbox"/> Delete | TITLE          |   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |  |
| NAME                       | BARTOLETTI, JOHN C       |  | NAME           |   |                                 |  |  |
| STREET ADDRESS             | 12009 BROWNS CANAL DR.   |  | STREET ADDRESS |   |                                 |  |  |
| CITY-ST-ZIP                | CLERMONT FL 34711        |  | CITY-ST-ZIP    |   |                                 |  |  |
| TITLE                      | D                        | <input checked="" type="checkbox"/> Delete | TITLE          |   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |  |
| NAME                       | BYRON, HODGE G           |  | NAME           |   |                                 |  |  |
| STREET ADDRESS             | 9037 POINT CYPRESS DR.   |  | STREET ADDRESS |   |                                 |  |  |
| CITY-ST-ZIP                | ORLANDO FL 32836         |  | CITY-ST-ZIP    |   |                                 |  |  |
| TITLE                      | D                        | <input checked="" type="checkbox"/> Delete | TITLE          |   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |  |
| NAME                       | ALLEN, JAMES K           |  | NAME           |   |                                 |  |  |
| STREET ADDRESS             | 1719 COTSWOLD DR.        |  | STREET ADDRESS |   |                                 |  |  |
| CITY-ST-ZIP                | ORLANDO FL 32825         |  | CITY-ST-ZIP    |   |                                 |  |  |

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 titles empowered.

SIGNATURE: *Benjamin C Magalino* 4-22-05 407-834-6386

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Mar 11, 2005

ATTACHMENT Page 1

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# 752750

| <u>Last Name</u> | <u>First Name</u> | <u>Address</u>                | <u>City</u>       | <u>ST</u> | <u>ZIP Code</u> | <u>Home Phone</u> | <u>Work Phone</u> |
|------------------|-------------------|-------------------------------|-------------------|-----------|-----------------|-------------------|-------------------|
| Allen, MD        | James             | 25129 Rolling Oak Rd          | Sorrento          | FL        | 32776-8769      | 352-383-2308      | 407-857-7000      |
| Crowe            | DeeLouise         | 320 Killarney Bay Court       | Winter Park       | FL        | 32789           | 407-647-6912      | 407-855-0202      |
| Dolezar          | John              | 818 Atlanta Ave.              | Orlando           | FL        | 32801           | 407-905-9957      | 407-841-3914      |
| Frickert         | Jim               | 11201 Willow Garden Drive     | Windermere        | FL        | 34786           | 407-876-1133      | 407-297-9000      |
| Gonzalez         | Juan              | 12128 Windermere Crossing Cir | Winter Garden     | FL        | 34787           | 407-654-3966      | 407-671-2081      |
| Magaldino        | Ben               | 1362 Augusta National Blvd    | Winter Springs    | FL        | 32708           | 407-366-3279      | 407-834-6386      |
| McCauley         | Jerome            | 421 Montgomery Road Ste 135   | Altamonte Springs | FL        | 32714           | 407-629-2577      | 407-869-0052      |
| Schmidt          | William           | 1260 W. Lake Hamilton Drive   | Winter Haven      | FL        | 33881           | 863-294-1189      |                   |
| Shaffer          | Mark              | PO Box 2411                   | Inverness         | FL        | 34451           | 352-476-3818      | 407-671-2081      |

Board Members

Effective March 10, 2005