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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 753175

1. Corporation Name

**THE CENTRAL FLORIDA CHAPTER OF THE AMERICAN MARK
ETING ASSOCIATION, INC.**

Principal Place of Business

P.O. BOX 5657
WINTER PARK FL 32793
US

Mailing Address

P.O. BOX 5657
WINTER PARK FL 32793
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

06/27/1980

4. FEI Number

59-2027963

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

**BLAYLOCK, KIM
225 E ROBINSON
STE 570
ORLANDO FL 32801**

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 **D** ☒ DELETE
NAME **MARCINIAK, CATHY**
STREET ADDRESS **1007 LAKE EMERALD DR**
CITY-ST-ZIP **ORLANDO FL 32806**

TITLE **PD** ☐ DELETE
NAME **BLAYLOCK, KIM**
STREET ADDRESS **225 E ROBINSON STE 570**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **D** ☒ DELETE
NAME **KOHLBRAND, STACEY**
STREET ADDRESS **1048 PADDINGTON TERR**
CITY-ST-ZIP **HEATHROW FL 32746**

TITLE **TD** ☐ DELETE
NAME **TWILLEY, RICHARD**
STREET ADDRESS **850 E ALTAMONTE DR**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32715**

TITLE **VD** ☒ DELETE
NAME **KNISPEL, LAUREN**
STREET ADDRESS **7764 WINDBREAD RD**
CITY-ST-ZIP **ORLANDO FL 32811**

TITLE **D** ☒ DELETE
NAME **LADD, JEANNE**
STREET ADDRESS **5931 BRICK COURT STE 130**
CITY-ST-ZIP **WINTER PARK FL 32792**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VD** ☐ Change ☒ Addition
1.2 NAME **Nicole Dee**
1.3 STREET ADDRESS **6055 Grissom Pkwy**
1.4 CITY-ST-ZIP **Titusville, FL 32780**

2.1 TITLE **DD** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **Steve Cohen**
3.3 STREET ADDRESS **5728 Major Blvd, Ste 650**
3.4 CITY-ST-ZIP **Orlando, FL 32819**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **Rita Lagana**
5.3 STREET ADDRESS **5514 Lake Howell Road**
5.4 CITY-ST-ZIP **Winter Park, FL 32792**

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **Felicia Trimboli**
6.3 STREET ADDRESS **4250 Alafaya Trail, Ste 212-410**
6.4 CITY-ST-ZIP **Orlando, FL 32765**

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:

Kim Blaylock
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-20-99 4072368300

Date

Daytime Phone #

CR2E037 (1/98)