



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2004 8:00 am**  
**Secretary of State**

01-12-2004 90027 018 \*\*\*\*61.25

<b>DOCUMENT # 753175</b> 1. Entity Name <b>THE CENTRAL FLORIDA CHAPTER OF THE AMERICAN MARKETING ASSOCIATION, INC.</b>					
Principal Place of Business <b>P.O. BOX 5657 WINTER PARK, FL 32793 US</b>			Mailing Address <b>P.O. BOX 5657 WINTER PARK, FL 32793 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2027963</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LEE, LEEMAN M. 255 SOUTH ORANGE AVE 17TH FLOOR ORLANDO, FL 32801</b>				7. Name and Address of New Registered Agent Name <b>LEEANN M. LEE - error in listing to the left</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 <i>Leeann M. Lee</i> DATE <b>1/5/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTOS, CHRISTA <input checked="" type="checkbox"/> Delete 12565 RESEARCH PKWY STE 300 ORLANDO, FL 32826			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bob Gibson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P.O. Box 593688 Orlando, FL 32859
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEEMAN, LEE <input type="checkbox"/> Delete 255 S ORANGE AVE 17TH FLOOR ORLANDO, FL 32801			TITLE NAME STREET ADDRESS CITY-ST-ZIP	LEE, LEEANN M. (error in listing to the left) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, STEVE <input type="checkbox"/> Delete 5728 MAJOR BLVD STE. 650 ORLANDO, FL 32819			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEISS, SAMANTHA <input type="checkbox"/> Delete 4572 PALMETTO AVENUE WINTER PARK, FL 32792			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AGUILAR, CAROLINA <input type="checkbox"/> Delete 200 S ORANGE AVE MC=FL-0-1121 ORLANDO, FL 32801			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WEAVER, MARIE <input type="checkbox"/> Delete PO BOX 10000 LAKE BUENA VISAT, FL 328301000			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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)(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 like empowered.					
SIGNATURE: <i>Leeann M. Lee</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				1/5/04 <small>Date</small>	
				407-419-8567 <small>Daytime Phone #</small>	