

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

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90187 039 ****61.25

DOCUMENT # 754438

1. Entity Name

FORREST PARK CIVIC ASSOCIATION, INC.



Principal Place of Business

**5620 HOLLOW OAK ROAD
ORLANDO FL 32808-3414
US**

Mailing Address

**5620 HOLLOW OAK ROAD
ORLANDO FL 32808-3414
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

59-2358831

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75

Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COLE, BRANDY
5620 HOLLOW OAK RD.
ORLANDO FL 32808-3414**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Brandy Cole

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	GERKEN, DAVID	
STREET ADDRESS	2712 GREENFIELD AVE.	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	GERKEN, WINNIE	
STREET ADDRESS	2712 GREENFIELD AVE.	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	MILLER, MARJORIE	
STREET ADDRESS	5500 PAINTED OAK CT.	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WEAVER, PATRICIA	
STREET ADDRESS	2918 NORTH CASTLE OAK	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WALDROP, SHARON	
STREET ADDRESS	2942 N. CASTLE OAK DRIVE	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	PD	<input type="checkbox"/> Delete
NAME	COLE, BRANDY	
STREET ADDRESS	5620 HOLLOW OAK ROAD	
CITY-ST-ZIP	ORLANDO FL 32808	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESTER CAMPBELL	
STREET ADDRESS	5620 VALLEY OAK RD	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 like empowered.

SIGNATURE:

Brandy Cole

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #