2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005
Secretary of State

DOCUMENT# 761349

Entity Name: CENTRAL FLORIDA DEPRESSION ERA GLASS CLUB, INC.

Current Principal Place of Business:

853 S ORLANDO AVE
WINTER PK, FL 32789 US

New Principal Place of Business:

Current Mailing Address:

853 S ORLANDO AVE
WINTER PK, FL 32789 US

New Mailing Address:

FEI Number: 58-1882108 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HERSHONE, SHERRIE
853 S ORLANDO AVE
WINTER PK, FL 32789 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: D ( ) Delete
Name: SCHMID, VERNA
Address: 5718 ROCKING HORSE RD
City-St-Zip: ORLANDO, FL 32817

Title: D ( ) Delete
Name: PURYEA, NELSON J
Address: 3701 IBIS DR
City-St-Zip: ORLANDO, FL 32803

Title: T ( ) Delete
Name: HERSHONE, SHERRIE
Address: 853 S ORLANDO AVE
City-St-Zip: WINTER PK, FL 32789

Title: P ( ) Delete
Name: HERSHONE, BARRY
Address: 853 S ORLANDO AVE
City-St-Zip: WINTER PK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SCHMID, VERNON
Address: 5718 ROCKING HORSE RD
City-St-Zip: ORLANDO, FL 32817

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SHERRIE HERSHONE T 04/14/2005

Electronic Signature of Signing Officer or Director Date