

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 19, 2005 8:00 am**  
**Secretary of State**

05-19-2005 90046 031 \*\*\*\*61.25

**DOCUMENT # 761666**

1. Entity Name  
**FLORIDA NATUROPATHIC PHYSICIANS ASSOCIATION,  
INC.**



Principal Place of Business  
**445 N WYMORE RD.  
WINTER PARK, FL 32789 US**

Mailing Address  
**445 N WYMORE RD.  
WINTER PARK, FL 32789 US**

**DO NOT WRITE IN THIS SPACE**



02042005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2049967**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**GELDNER, R W ND  
1517 E ROBINSON ST  
ORLANDO, FL 32801  
1053 ORANGE GROVE LANE  
APOPKA FLORIDA  
32712**

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IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
YAEGER JR, CARL  
1177 MARTIN L. KING BLVD  
MIAMI, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
GELDNER, R. W  
1517 E. ROBINSON ST.  
ORLANDO, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
ORFAS, EMANUEL  
12811 SW 149TH ST.  
MIAMI, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:** *X R. W. Geldner X D*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*407-629-6998*