2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # 762851

1. Entity Name
FLORIDA CHAPTER OF THE AMERICAN SOCIETY OF SANITARY ENGINEERING, INC.

Principal Place of Business	Mailing Address
4151 RAVENSWOOD RD FORT LAUDERDALE, FL 33312	3315 NW 68 CT FORT LAUDERDALE, FL 33309

DO NOT WRITE IN THIS SPACE

01312005 No Chg-NP CR2E037 (10/03)

4. FEI Number
34-6555875

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BAUER, CARY
3315 NW 68 COURT
FT LAUDERDALE, FL 33312

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	T
NAME	BAUER, CARY
STREET ADDRESS	3315 NW 68 CT.
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	D
NAME	BENOIT, NORMAN
STREET ADDRESS	1800 S.W. 18 ST.
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	D
NAME	VAUGHN, TOM
STREET ADDRESS	170 NW 65 AVE
CITY-ST-ZIP	MARGATE, FL
TITLE	P
NAME	HOSBACH, ED
STREET ADDRESS	4031 NE 18 AVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334
TITLE	D
NAME	FENNELL, KEVIN
STREET ADDRESS	955 S FEDERAL HWY
CITY-ST-ZIP	FORT LAUDERDALE, FL
TITLE	D
NAME	BICKFORD, JAMES
STREET ADDRESS	251 NW 35 CT
CITY-ST-ZIP	OAKLAND PARK, FL

U00000254548
03/07/05-80078-011 61.25

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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.

CARY L. BAUER

SIGNATURE: _____ Treasurer 2-12-05 954-980-2508
SIGNATURE AND TITLE OR PRINTED NAME OF OFFICER OR DIRECTOR DATE DAYTIME PHONE #