

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767479

FILED
Apr 30, 2005
Secretary of State

Entity Name: AMERICAN PRODUCTION AND INVENTORY CONTROL SOCIETY, MID-FLORIDA CHAPTER #208, INC.

Current Principal Place of Business:

11311 LAKE KATHERINE CIRCLE
CLERMONT, FL 34711 US

New Principal Place of Business:

Current Mailing Address:

11311 LAKE KATHERINE CIRCLE
CLERMONT, FL 34711 US

New Mailing Address:

FEI Number: 59-2162296

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VAN DUSEN, PHILIP
11311 LAKE KATHERINE CIRCLE
CLERMONT, FL 34711 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: DV () Delete
Name: PULLIN, JAMES R
Address: 2837 WRIGHT AVE
City-St-Zip: WINTER PARK, FL 32789

Title: DV () Delete
Name: GILLESPIE, DENISE D
Address: 1608 HIBISCUS AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: PD () Delete
Name: VAN DUSEN, PHILIP
Address: 11311 LAKE KATHERINE CIRCLE
City-St-Zip: CLERMONT, FL 34711

Title: DT () Delete
Name: MCMENTEE, MIKE E
Address: 6120 HANGING MOSS ROAD
City-St-Zip: ORLANDO,, FL 32807

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: PHILIP VAN DUSEN

DP

04/30/2005

Electronic Signature of Signing Officer or Director

Date