

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767479

FILED  
Jul 10, 2008  
Secretary of State

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

**Current Principal Place of Business:**

3324 CALDWELL STREET  
DELTONA, FL 32738 US

**New Principal Place of Business:**

1834 ISLAND WALK DRIVE  
ORLANDO, FL 32824 US

**Current Mailing Address:**

3324 CALDWELL STREET  
DELTONA, FL 32738 US

**New Mailing Address:**

1834 ISLAND WALK DRIVE  
ORLANDO, FL 32824 US

**FEI Number:** 59-2162296 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

FICKES, JOSEPHINE  
1834 ISLAND WALK DRIVE  
ORLANDO, FL 32824 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: TD ( ) Delete  
Name: HOPPER, CYNTHIA R  
Address: 3324 CALDWELL STREET  
City-St-Zip: DELTONA, FL 32738

Title: DV ( ) Delete  
Name: FICKES, JOSEPHINE  
Address: 1834 ISLAND WALK DRIVE  
City-St-Zip: ORLANDO, FL 32824

**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:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CYNTHIA HOPPER

TRSR

07/10/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date