

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002887

FILED
Apr 06, 2006
Secretary of State

Entity Name: CENTRAL FLORIDA AIR AND POWER BOAT ASSOCIATION, INC.

Current Principal Place of Business:

14040 HATCHINEHA RD.
HAINES CITY, FL 33844

New Principal Place of Business:

Current Mailing Address:

1420 HORSESHOE CREEK RD
DAVENPORT, FL 33837

New Mailing Address:

FEI Number: 37-1471242

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLASS, CHARLES
1420 HORSESHOE CREEK RD.
DAVENPORT, FL 33837 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: VP () Delete
Name: TORGERSEN, TIM
Address: PO BOX 1035
City-St-Zip: DAVENPORT, FL 33836

Title: D () Delete
Name: GLASS, CHARLES
Address: 1420 HORSESHOE CREEK RD.
City-St-Zip: DAVENPORT, FL 33837

Title: S () Delete
Name: HEBEL, RICHARD
Address: 3910 E COUNTY R #544
City-St-Zip: HAINES CITY, FL 33844

Title: D () Delete
Name: SUMMERLIN, FRED
Address: PO BOX 1 EAST MAPLE
City-St-Zip: DAVENPORT, FL 33837

Title: TD (X) Delete
Name: NORTON, HARRY
Address: 7801 HATCHINEHA RD.
City-St-Zip: HAINES CITY, FL 33844

Title: P () Delete
Name: SUMMERLIN, CHARLES B
Address: POST OFFICE BOX 155
City-St-Zip: DAVENPORT, FL 33836

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: D (X) Change () Addition
Name: SUMMERLIN, RANDY C
Address: P.O. BOX 97
City-St-Zip: DAVENPORT, FL 33837

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 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: CHARLES B SUMMERLIN

P

04/06/2006

Electronic Signature of Signing Officer or Director

Date