

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 09, 2004 8:00 am**  
**Secretary of State**

08-09-2004 90013 050 \*\*\*\*61.25

**DOCUMENT # N00000003186**

1. Entity Name

MID-FLORIDA PHILATELIC SOCIETY, INC.



Principal Place of Business

100 N SPRING TRAIL  
ALTAMONTE SPRINGS FL 32714-3461

Mailing Address

100 N SPRING TRAIL  
ALTAMONTE SPRINGS FL 32714-3461

44051701



MOORE CR2E037 (4/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3734845

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SHIRLEY, JOHN D  
100 N SPRING TRAIL  
ALTAMONTE SPRINGS FL 32714-3461

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25**  
**Due By September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	FUTTIG, PHILIP E	
STREET ADDRESS	PO BOX 420730	
CITY-ST-ZIP	KISSIMMEE FL 34742-0730	
TITLE	D	<input type="checkbox"/> Delete
NAME	ESTES, JAMES A	
STREET ADDRESS	2110 KEWANNE TRAIL	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	ULSTED, CARL	
STREET ADDRESS	1438 CHESSINERON AVE	
CITY-ST-ZIP	LAKE MARY FL 32746-1919	
TITLE	DV	<input type="checkbox"/> Delete
NAME	PILLIN, JAMES R	
STREET ADDRESS	2837 WRIGHT AVE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	DV	<input type="checkbox"/> Delete
NAME	PATRICK, A STEPHEN	
STREET ADDRESS	2729 CLOUDCROFT DR	
CITY-ST-ZIP	APOPKA FL 32703	OK
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PRIEST, RANDALL D JR	
STREET ADDRESS	4500 SOUTH SANFORD AVE	
CITY-ST-ZIP	SANFORD FL 32733	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRIEDLAND, MARC A	
STREET ADDRESS	2613 CLEMENT PARK CT.	
CITY-ST-ZIP	ORLANDO, FL 32835-6160	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERGUSON, FRANCIS	
STREET ADDRESS	PO Box 0132	
CITY-ST-ZIP	APOPKA, FL 32704-0132	
TITLE	D P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHIRLEY JOHN D.	
STREET ADDRESS	100 NORTH SPRING TRAIL	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714-3461	

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOHN D. SHIRLEY

8/4/04

407 788-6067