

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 02, 2005 8:00 am**  
**Secretary of State**

09-02-2005 90013 011 \*\*\*\*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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E037 (5/05)

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 Now Registered Agent

Name Friedland, Mark A.

Street Address (P.O. Box Number is Not Acceptable)  
2613 Clementon Park Ct.

City Orlando

FL

Zip Code  
32835-6160

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]*

Signature, typed or printed name of registered agent and true if applicable

(NOTE: Registered Agent signature required when reinstating)

8/29/05

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

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

10. DT OFFICERS AND DIRECTORS

TITLE NAME	FRIEDMAN, MARC A	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2613 CLEMENT PARK CT	
CITY-ST-ZIP	ORLANDO FL 32835-6160	
	D	
TITLE NAME	ESTES, JAMES A	<input type="checkbox"/> Delete
STREET ADDRESS	2110 KEWANNE TRAIL	
CITY-ST-ZIP	CASSELBERRY FL 32707	
	DVP	
TITLE NAME	FERGUSON, FRANCIS	<input type="checkbox"/> Delete
STREET ADDRESS	P.O. BOX 0132	
CITY-ST-ZIP	APOPKA FL 32704-0132	
	DP	
TITLE NAME	PILLIN, JAMES R	<input type="checkbox"/> Delete
STREET ADDRESS	2837 WRIGHT AVE	
CITY-ST-ZIP	WINTER PARK FL 32789	
	DV	
TITLE NAME	PATRICK, A STEPHEN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2729 CLOUDCROFT DR	
CITY-ST-ZIP	APOPKA FL 32703	
	D	
TITLE NAME	SHIRLEY, JOAN D	<input type="checkbox"/> Delete
STREET ADDRESS	100 NORTH SPRING TRAIL	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714-3461	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	DT Friedland, Mark A.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2613 Clementon Park Ct.	
CITY-ST-ZIP	Orlando, FL 32835-6160	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	Pullin, James R.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	Archbold, James	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3413 Manitou Dr.	
CITY-ST-ZIP	Orlando, FL 32839-8727	
TITLE NAME	Shirley, John D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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.