

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2008 8:00 am**  
**Secretary of State**

02-20-2008 90004 013 \*\*\*\*70.00

<b>DOCUMENT # N00000003186</b> 1. Entity Name <b>MID-FLORIDA PHILATELIC SOCIETY, INC.</b>			
Principal Place of Business <b>2613 CLEMENTON PARK CT</b> <b>ORLANDO, FL 32835</b>		Mailing Address <b>2613 CLEMENTON PARK CT</b> <b>ORLANDO, FL 32835</b>	
2. Principal Place of Business - No P.O. Box # <b>1762 Cold Spring CT</b> Suite, Apt. #, etc.		3. Mailing Address <b>1762 Cold Spring CT</b> Suite, Apt. #, etc.	
City & State <b>Apopka FL</b>		City & State <b>Apopka FL</b>	
Zip <b>32712</b>		Zip <b>32712</b>	
Country		Country	
4. FEI Number <b>59-3734845</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>FRIEDLAND, MARK A</b> <b>2613 CLEMENTON PARK CT</b> <b>ORLANDO, FL 32835-6460</b>		7. Name and Address of New Registered Agent Name <b>Francis Ferguson</b> Street Address (P.O. Box Number is Not Acceptable) <b>1762 Cold Spring CT</b> City <b>Apopka</b> <b>FL</b> Zip Code <b>32712</b>	
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: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>		DATE: <b>02/15/08</b>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <b>FRIEDLAND, MARK A</b> <b>2613 CLEMENTON PARK CT</b> <b>ORLANDO, FL 328356160</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director - President <b>FERGUSON, FRANCIS</b> <b>P.O. BOX 0132 1762 Cold Spring CT</b> <b>APOPKA, FL 327040132 Apopka FL 32712</b>	<input type="checkbox"/> Delete	Director - Secretary <b>JOHN FURMAN</b> <b>6214 WYNFIELD CT</b> <b>ORLANDO, FL 32819-4940</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>PULLIN, JAMES R</b> <b>2837 WRIGHT AVE</b> <b>WINTER PARK, FL 32789</b>	<input checked="" type="checkbox"/> Delete	Director - Vice President <b>A. STEPHEN PATRICK</b> <b>2729 CLOUDCROFT RD</b> <b>APOPKA, FL 32703</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director - Treasurer <b>ARCHBOLD, JAMES</b> <b>3413 MANITON DR</b> <b>ORLANDO, FL 328398727</b>	<input type="checkbox"/> Delete	Director <b>THOMAS HART</b> <b>P.O. BOX 1183</b> <b>WINTER PARK, FL 32790-1183</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>SHIRLEY, JOHN D</b> <b>100 NORTH SPRING TRAIL</b> <b>ALTAMONTE SPRINGS, FL 327143461</b>	<input checked="" type="checkbox"/> Delete	Director <b>AL HEGY</b> <b>1720 Natchez Trace Blvd</b> <b>ORLANDO, FL 32818</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: <b>02/15/08</b> DAYTIME PHONE #: <b>407.443.0956</b>	