2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007741

FILED Jan 11, 2006 Secretary of State

Entity Name: CENTRAL FLORIDA CHAPTER OF THE AMERICAN FENCE ASSOCIATION INC.

Current Principal Place of Business: New Principal Place of Business:

2315 W. CYPRESS ST. TAMPA, FL 33609

Current Mailing Address: New Mailing Address:

2315 W. CYPRESS ST. TAMPA, FL 33609

FEI Number: 59-3682579 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

TAYLOR, KATHY 2315 W. CYPRESS ST. TAMPA, FL 33609 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P/D
 () Delete
 Title:
 P/D
 (X) Change () Addition

 Name:
 BROCK, KEITH
 Name:
 WALCZYK, EVELYN

 Address:
 2315 W. CYPRESS ST.
 Address:
 2315 W. CYPRESS ST.

 Address:
 2315 W. CYPRESS ST.
 Address:
 2315 W. CYPRESS ST.

 City-St-Zip:
 TAMPA, FL 33609
 City-St-Zip:
 TAMPA, FL 33609

Title: VP/D () Delete Title: VP/D (X) Change () Addition Name: MCCONNIE, ANDREAS Name: SMITH, ALONA

 Address:
 4707 S 30 AVE.
 Address:
 2315 W. CYPRESS ST.

 City-St-Zip:
 TAMPA, FL 33619
 City-St-Zip:
 TAMPA, FL 33609

Title: S/D () Delete Title: S/D (X) Change () Addition

 Name:
 WALCAZYK, EVELYN
 Name:
 WALCAZYK, EVELYN

 Address:
 P.O. BOX
 Address:
 2315 W. CYPRESS ST.

 City-St-Zip:
 BARTOW, FL 33831
 City-St-Zip:
 TAMPA, FL 33609

Title: T/D () Delete Title: () Change () Addition

 Name:
 TAYLOR, KATHY
 Name:

 Address:
 2315 WEST CYPRESS STREET
 Address:

 City-St-Zip:
 TAMPA, FL 33609
 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: KATHY TAYLOR TD 01/11/2006