

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007888

FILED
Jan 31, 2005
Secretary of State

Entity Name: WEST POINT SOCIETY OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

P.O. BOX 623002
OVIEDO, FL 32762

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 623002
OVIEDO, FL 32762

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAVRIDES, MATTHEW A P.A.
390 N ORANGE AVE
SUITE 2700
ORLANDO, FL 32801 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: D () Delete
Name: WARTSKI, JIM
Address: 658 W PALM VALLEY DR
City-St-Zip: OVIEDO, FL 32765

Title: DV () Delete
Name: KELSO, TOM
Address: 774 KINGSBRIDGE DR
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: HALSEY, JACK
Address: ONE JOHN ANDERSON DRIVE #501
City-St-Zip: ORMAOND BEACH, FL 321765789

Title: DT () Delete
Name: KENNEDY, STEVE
Address: 1801 SENECA BLVD
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D () Delete
Name: O'CONNELL, JOE
Address: 3391 MORELYN CREST CIRCLE
City-St-Zip: ORLANDO, FL 32828

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: () 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 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 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: STEVE KENNEDY

DT

01/31/2005

Electronic Signature of Signing Officer or Director

Date