

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

FILED
Aug 23, 2004 8:00 am
Secretary of State

08-23-2004 90021 027 ****61.25

DOCUMENT # N01000000605

1. Entity Name

CENTRAL FLORIDA ASTHMA CONSORTIUM, INC.



Principal Place of Business

1333 W COLONIAL DRIVE
ORLANDO FL 32804

Mailing Address

1333 W COLONIAL DRIVE
ORLANDO FL 32804

24080924



MOORE

CR2E037 (4/04)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3699533

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERLIN, THOMAS
1333 W COLONIAL DRIVE
ORLANDO FL 32804

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 ☐ Delete
NAME ALDARONDO, SIGFREDO
STREET ADDRESS 326 MILLS AVE
CITY-ST-ZIP ORLANDO FL 32803

TITLE ☐ Delete
NAME BERLIN, THOMAS
STREET ADDRESS 2469 TOMMY'S TURN
CITY-ST-ZIP OVIEDO FL 32766

TITLE ☒ Delete
NAME HOWELL, JANICE
STREET ADDRESS 83 W COLUMBIA ST
CITY-ST-ZIP ORLANDO FL 32806

TITLE ☐ Delete
NAME HUTCHINSON, STEPHANIE
STREET ADDRESS 1333 W COLONIAL DR
CITY-ST-ZIP ORLANDO FL 32804

TITLE ☒ Delete
NAME MARTINEZ, SANTIAGO
STREET ADDRESS 4063 N GOLDENROD RD STE 1
CITY-ST-ZIP WINTER PARK FL 32792

TITLE ☐ Delete
NAME KUASMAN, DERBY
STREET ADDRESS 8701 MAITLAND SUMMIT BLVD
CITY-ST-ZIP ORLANDO FL 32810

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME CURTIS, GLEN
STREET ADDRESS 445 W ANGLIA ST
CITY-ST-ZIP ORLANDO, FL 32801-1127

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME ALEXANDER PAT
STREET ADDRESS 2731 DELICET AVE
CITY-ST-ZIP ORLANDO, FL 32817

TITLE ☒ Change ☐ Addition
NAME Kwasman, Debby
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS BERLIN

8/13/2004

Date

407-303-6656

Daytime Phone #