

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000662

FILED
Apr 29, 2008
Secretary of State

Entity Name: PROJECT MANAGEMENT INSTITUTE CENTRAL FLORIDA CHAPTER, INC.

Current Principal Place of Business:

8972 ISLESWORTH COURT
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 947567
MAITLAND, FL 32794

New Mailing Address:

FEI Number: 59-3254324

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REALE, THOMAS E
8972 ISLESWORTH COURT
ORLANDO, FL 32819 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: PD () Delete
Name: REALE, THOMAS E
Address: 8972 ISLESWORTH COURT
City-St-Zip: ORLANDO, FL 32819 US

Title: VD () Delete
Name: BISHOP, AGNES
Address: 239 LONGVIEW AVE UNIT 212-201
City-St-Zip: CELEBRATION, FL 34747 US

Title: VD () Delete
Name: LANGFIELD, MICHAEL
Address: 2121 PIMLICO ST
City-St-Zip: ORLANDO, FL 32822 US

Title: VD () Delete
Name: BARKMAN, PAM
Address: 135 SPRING COVE TRAIL
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: HARRIS, JAMES
Address: 1068 LOTUS PARKWAY #816
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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 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: THOMAS E REALE

PD

04/29/2008

Electronic Signature of Signing Officer or Director

Date