

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000662

FILED
Apr 27, 2012
Secretary of State

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

Current Principal Place of Business:

2116 WINTERMERE POINTE DR.
WINTER GARDEN, FL 34787

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:

AUSTIN, ALLEN W
1819 IVANHOE ROAD
ORLANDO, FL 32804 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: PRES
Name: FARIA, CLAYTON
Address: P.O. BOX 947567
City-St-Zip: MAITLAND, FL 32794 US

Title: VPTR
Name: AUSTIN, ALLEN W
Address: P.O. BOX 947567
City-St-Zip: MAITLAND, FL 32794 US

Title: VPED
Name: DELACY, DEBORA
Address: P.O. BOX 947567
City-St-Zip: MAITLAND, FL 32794 US

Title: VPPG
Name: MCINTOSH, TRACI
Address: P.O. BOX 947567
City-St-Zip: MAITLAND, FL 32794

Title: PREL
Name: AGO, HEDI
Address: P.O. BOX 947567
City-St-Zip: MAITLAND, FL 32794

Title: VPCM
Name: GRIFFIN, TIM
Address: P.O. BOX 947567
City-St-Zip: MAITLAND, FL 32794

I hereby 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 all other like empowered.

SIGNATURE: ALLEN AUSTIN

VPTR

04/27/2012

Electronic Signature of Signing Officer or Director

Date