




**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000001730						
1. Entity Name THORNTON PARK MERCHANT'S ASSOCIATION, INC.						
Principal Place of Business DAVID JAMES 717 E WASHINGTON ST ORLANDO, FL 32801	Mailing Address 717 E. WASHINGTON ST. ORLANDO, FL 32801	 04062005 No Chg-NP CR2E037 (10/03) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; padding: 2px;">4. FEI Number 75-3055051</td><td style="width: 40%; padding: 2px;">Applied For Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 75-3055051	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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DO NOT WRITE IN THIS SPACE						
6. Name and Address of Current Registered Agent BERSIA, MARIE-FRANCE 716 E. WASHINGTON ST. # B ORLANDO, FL 32801		DO NOT WRITE IN THIS SPACE				
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>						
Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE				
TITLE	PD BERSIA, MARIE					
NAME	716 E. WASHINGTON ST. #B					
STREET ADDRESS	ORLANDO, FL 32801					
CITY - ST - ZIP						
TITLE	SD CRESCITELLI, JIM					
NAME	625 E. CENTRAL BLVD					
STREET ADDRESS	ORLANDO, FL 32801					
CITY - ST - ZIP						
TITLE	TD SCHMIDT, CYNDI					
NAME	717 E. WASHINGTON ST.					
STREET ADDRESS	ORLANDO, FL 32801					
CITY - ST - ZIP						
TITLE						
NAME						
STREET ADDRESS						
CITY - ST - ZIP						
TITLE						
NAME						
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: 		Date: 4/6/05 Daytime Phone # _____				