

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002040

FILED  
Jan 03, 2012  
Secretary of State

**Entity Name:** CENTRAL FLORIDA CHAPTER, INTERNATIONAL CUSTOMER SERVICES ASSOCIATION, INC.

**Current Principal Place of Business:**

7512 DR. PHILLIPS BLVD.  
SUITE 50-943  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

7512 DR. PHILLIPS BLVD.  
SUITE 50-943  
ORLANDO, FL 32819

**New Mailing Address:**

**FEI Number:** 38-3646270

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CLEMENTS, JR, KENNETH  
7512 DR. PHILLIPS BLVD.  
SUITE 50-943  
ORLANDO, FL 32819 US

**Name and Address of New Registered Agent:**

REIKER, CARYN  
7512 DR. PHILLIPS BLVD.  
SUITE 50-943  
ORLANDO, FL 32819 US

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: CARYN REIKER

01/03/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: REIKER, CARYN  
Address: 1555 HOWELL BRANCH RD, STE C220  
City-St-Zip: WINTER PARK, FL 32789 US

Title: VP  
Name: HOLLOWAY, JOYCE  
Address: 8259-B EXCHANGE DR  
City-St-Zip: ORLANDO, FL 32809 US

Title: TRES  
Name: THERRIEN, DANIEL  
Address: 247 MAITLAND AVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

Title: TRNG  
Name: FAVOR, DIANA  
Address: 555 LAKE BORDER DR  
City-St-Zip: APOPKA, FL 32703 US

Title: PR  
Name: TINDAL, WES  
Address: 8259-B EXCHANGE DR  
City-St-Zip: ORLANDO, FL 32809 US

Title: COE  
Name: SHUMATE, MIKE  
Address: 326 EAST MICHIGAN STREET  
City-St-Zip: ORLANDO, FL 32806 US

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: DANIEL THERRIEN

TRES

01/03/2012

Electronic Signature of Signing Officer or Director

Date