


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91051 007 \*\*\*\*61.25

**DOCUMENT # N02000002496**  
 1. Entity Name  
 FLORIDA ASSOCIATION OF CHEMICAL TESTERS, INC.



Principal Place of Business  
 1070 ANEHEIM COURT  
 TALLAHASSEE, FL 32317

Mailing Address  
 1070 ANEHEIM COURT  
 TALLAHASSEE, FL 32317

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country



04222004 Chg-NP CR2E037 (10/03)

4. FEI Number  
 59-3339937

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 DOHERTY, ROGER J  
 1070 ANEHEIM COURT  
 TALLAHASSEE, FL 32317

**7. Name and Address of New Registered Agent**  
 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

**Filing Fee is \$61.25  
 Due by May 1, 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	P	<input type="checkbox"/> Delete
NAME	DOHERTY, ROGER J	
STREET ADDRESS	1070 ANEHEIM COURT	
CITY-ST-ZIP	TALLAHASSEE, FL 32317	
TITLE	D	<input type="checkbox"/> Delete
NAME	TABORDA, LUIS	
STREET ADDRESS	200 SW 66 AVE	
CITY-ST-ZIP	MIAMI, FL 33144	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUJE, DANIEL	
STREET ADDRESS	6263 WILLIAMS RD.	
CITY-ST-ZIP	TALLAHASSEE, FL 32311	
TITLE	D	<input type="checkbox"/> Delete
NAME	OGLO, CARLA	
STREET ADDRESS	107 W GAINES ST, RM 531	
CITY-ST-ZIP	TALLAHASSEE, FL 323991050	
TITLE	S	<input type="checkbox"/> Delete
NAME	PETTY, WALTER	
STREET ADDRESS	2575 N COURTENAY PKY	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
TITLE	S	<input type="checkbox"/> Delete
NAME	BRANCH, JAMES P	
STREET ADDRESS	500 EAST ADAMS ST	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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)(l), 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:** *Roger J. Doherty* **4/21/04 (850) 212-5766**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #