

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

05 MAY 31 PH 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3339937	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DOHERTY, ROGER J 1070 ANEHEIM COURT TALLAHASSEE, FL 32317			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 _____ <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 September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOHERTY, ROGER J		NAME	700055977067	
STREET ADDRESS	1070 ANEHEIM COURT		STREET ADDRESS	06/09/05--01049--016 **\$61.25	
CITY-ST-ZIP	TALLAHASSEE, FL 32317		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TABORDA, LUIS		NAME		
STREET ADDRESS	200 SW 66 AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33144		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUIE, DANIEL		NAME		
STREET ADDRESS	6263 WILLIAMS RD.		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32311		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OGLO, CARLA		NAME		
STREET ADDRESS	107 W GAINES ST, RM 531		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 323991050		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PETTY, WALTER		NAME	S Taborda, Marlene	
STREET ADDRESS	2575 N COURTENAY PKY		STREET ADDRESS	912 NW 32 Ct	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952		CITY-ST-ZIP	Miami, FL 33125	
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRANCH, JAMES P		NAME		
STREET ADDRESS	500 EAST ADAMS ST		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32202		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:				5/31/05 (850) 212-5766	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	