

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009298

FILED  
Apr 19, 2011  
Secretary of State

**Entity Name:** CENTRAL FLORIDA ACCORDION CLUB, INC.

**Current Principal Place of Business:**

2321 OLDFIELD DRIVE  
ORLANDO, FL 32837

**New Principal Place of Business:**

3025 CANOE CREEK  
ST. CLOUD, FL 34772

**Current Mailing Address:**

2321 OLDFIELD DRIVE  
ORLANDO, FL 32837

**New Mailing Address:**

10967 ELIOTTI ST  
ORLANDO, FL 32832

**FEI Number:** 04-3723945

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GOSSMAN, EUGENE E  
10967 ELIOTTI STREET  
ORLANDO, FL 32832 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:** DP  
**Name:** NIELSEN, JERALD D  
**Address:** 3025 CANOE CREEK  
**City-St-Zip:** ST. CLOUD, FL 34772 US

**Title:** DS  
**Name:** REYNA, CARLOS E  
**Address:** 612 ORCHID LANE  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32714 US

**Title:** DT  
**Name:** GOSSMAN, GENE  
**Address:** 10967 ELIOTTI STREET  
**City-St-Zip:** ORLANDO, FL 32832 US

**Title:** D  
**Name:** ANDRYKOVICH, JAMES E  
**Address:** 103 HORST ROAD  
**City-St-Zip:** BRANDON, FL 33510 US

**Title:** D  
**Name:** MURPHY, ROBERT  
**Address:** 2927 BOWER RD  
**City-St-Zip:** WINTER PARK, FL 32792 US

**Title:** D  
**Name:** PICHECO, AILENE E  
**Address:** 345 HULA CIRCLE  
**City-St-Zip:** MERRITT ISLAND, FL 32952 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:** EUGENE E GOSSMAN

DT

04/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date