

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 22, 2004 8:00 am
Secretary of State

09-22-2004 90002 032 ****61.25

24086013



DOCUMENT # N03000008747 1. Entity Name P.A.S.S. OF CENTRAL FLORIDA, INC.					
Principal Place of Business 5231 LIGHTHOUSE ROAD ORLANDO, FL 32808			Mailing Address 5231 LIGHTHOUSE ROAD ORLANDO, FL 32808		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MARKS, HOWARD S 369 NORTH NEW YORK AVENUE 3RD FLOOR WINTER PARK, FL 32789			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by September 8, 2004		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	D <input checked="" type="checkbox"/> Delete		TITLE	Wallene O'Reilly, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ROBINSON, FRED JR.		NAME	1010 Embury Ct.	
STREET ADDRESS	4906 HOPE SPRING DRIVE		STREET ADDRESS	Kissimmee, FL 34759	
CITY-ST-ZIP	ORLANDO, FL 32829		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	Sherie Rogers, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BROWN, ANGELA		NAME	4721 Zorita St	
STREET ADDRESS	5231 LIGHTHOUSE ROAD		STREET ADDRESS	Orlando, FL 32811	
CITY-ST-ZIP	ORLANDO, FL 32808		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	Janice Rodriguez, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MILLER, KARTINA		NAME	1029 Buchanan Ave.	
STREET ADDRESS	3324 WEST CHURCH STREET		STREET ADDRESS	Orlando, FL 32809	
CITY-ST-ZIP	ORLANDO, FL 32805		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PHILLIPS, RAKI		NAME		
STREET ADDRESS	6292 TWAIN STREET		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32835		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ESCORBORES, NEIDY CRUZ		NAME		
STREET ADDRESS	2701 CARMEL COURT		STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE, FL 34746		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RODRIGUEZ, JOSE		NAME		
STREET ADDRESS	1029 BUCHANAN AVENUE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32809		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: <u>Angela L. Brown</u> 6/4/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					