

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

FILED
Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT # N03868 1. Entity Name HFTP - MID-FLORIDA CHAPTER, INC.	
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02022004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0038596	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HULL, DIANA
1905 HOTEL PLAZA BLVD
LAKE BUENA VISTA, FL 32830

**DO NOT WRITE
IN THIS SPACE**

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

U000000085839
03/11/04-80064-001 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD HULL, DIANA 1905 HOTEL PLAZA BLVD LAKE BUENA VISTA, FL 32830
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ROMANO, JOSEPH 9300 AIRPORT BLVD. ORLANDO, FL 32827
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BRANSON, DAVID 8803 VISTANA CENTER DR. ORLANDO, FL 32821
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD RICKMANN, RANDALL 9840 INTERNATIONAL DRIVE ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SHOEMAKER, KRISTOPHER S 9800 INTERNATIONAL DRIVE ORLANDO, FL 328198199
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

David A. Branson

DAVID A. BRANSON

407-239-3524
FEBRUARY 29, 2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #