

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Aug 26 1998 8:00am  
Secretary of State

0002940

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N03935** (6)

1. Corporation Name

**CENTRAL FLORIDA CHAPTER OF THE SOCIETY OF C.P.C.  
U., INC.**

Principal Place of Business

Mailing Address

% LISA C. HISER  
1824 BLUE FOX COURT  
ORLANDO FL 32825

% LISA C. HISER  
1824 BLUE FOX COURT  
ORLANDO FL 32825

3. Date Incorporated or Qualified

**06/27/1984**

4. FEI Number

**59-2737706**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HISER, LISA C  
1824 BLUE FOX COURT  
ORLANDO FL 32825

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<del>PAET</del> PRESIDENT	<input type="checkbox"/> DELETE
NAME	ROE, TERRELL	
STREET ADDRESS	724 GLEN EAGLE DR	
CITY-ST-ZIP	WINTER SPRINGS FL	

TITLE	<del>V</del> VICE PRESIDENT	<input type="checkbox"/> DELETE
NAME	HISER, LISA	
STREET ADDRESS	1824 BLUE FOX COURT	
CITY-ST-ZIP	ORLANDO FL 32825	

TITLE	<del>VP</del> PRESIDENT ELECT	<input type="checkbox"/> DELETE
NAME	MEER, JEANINE	
STREET ADDRESS	1060 MAITLAND CENTER COMMONS BLVD.	
CITY-ST-ZIP	MAITLAND FL 32751	

TITLE	<del>S</del>	<input checked="" type="checkbox"/> DELETE
NAME	BRELSFORD, RICHARD	
STREET ADDRESS	437 HYACINTH CT., #103	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	

TITLE	<del>VP</del> PRESIDENT	<input type="checkbox"/> DELETE
NAME	LOFTIN, TIM	
STREET ADDRESS	2300 MAITLAND CENTER PARKWAY, #220	
CITY-ST-ZIP	MAITLAND FL 32751	

TITLE	PP	<input checked="" type="checkbox"/> DELETE
NAME	GEISLER, ANN	
STREET ADDRESS	4625 TINSLEY DRIVE	
CITY-ST-ZIP	ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DOUG GOMBER	
1.3 STREET ADDRESS	1027 SHINNECOCK HILLS DR.	
1.4 CITY-ST-ZIP	ORLANDO FL 32765-5809	

2.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BRITT WEST	
2.3 STREET ADDRESS	2180 W. SR 434 #5100	
2.4 CITY-ST-ZIP	LONGWOOD, FL 32779	

3.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VICKY Van Gorder, CPCU	
3.3 STREET ADDRESS	555 Winderly way	
3.4 CITY-ST-ZIP	MAITLAND, FL 32751	

4.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Diane Cornibert	
4.3 STREET ADDRESS	555 Winderly way	
4.4 CITY-ST-ZIP	MAITLAND FL 32751	

5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Sally Schmicht	
5.3 STREET ADDRESS	9214 Fable Street	
5.4 CITY-ST-ZIP	ORLANDO FL 32817	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)