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**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N03935**

1. Corporation Name

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

Principal Place of Business

% LISA G. HISER Harrington  
1824 BLUE FOX COURT  
ORLANDO FL 32825

Mailing Address

% LISA G. HISER Harrington  
1824 BLUE FOX COURT  
ORLANDO FL 32825



2. Principal Place of Business

21 4625 Tinsley Dr.

Suite, Apt. #, etc.

22

City & State

23 Orlando, FL

Zip

24 32839

Country

25 USA

2a. Mailing Address

26 4625 Tinsley Dr.

Suite, Apt. #, etc.

27

City & State

28 Orlando, FL

Zip

29 32839

Country

30 USA

3. Date Incorporated or Qualified

06/27/1984

4. FEI Number

59-2737706

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

□

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

HISER, LISA C  
1824 BLUE FOX COURT  
ORLANDO FL 32825

10. Name and Address of New Registered Agent

81 Name Ann A. Geisler  
82 Street Address (P.O. Box Number is Not Acceptable)  
4625 Tinsley Drive  
83  
84 City Orlando FL 85 Zip Code 32839

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

Ann A. Geisler

Ann A. Geisler

2.599

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	PP	<input type="checkbox"/> DELETE
NAME	ROE, TERRELL	
STREET ADDRESS	724 GLEN EAGLE DR	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HISER, LISA	
STREET ADDRESS	1824 BLUE FOX COURT	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	PE	<input type="checkbox"/> DELETE
NAME	MEEK, JEANINE	
STREET ADDRESS	1060 MAITLAND CENTER COMMONS BLVD.	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VAN GARDNER, VICKY CPCU	
STREET ADDRESS	555 WINDERLY WAY	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CORNIBERT, DIANE	
STREET ADDRESS	555 WINDERLY WAY	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHMIDT, SALLY	
STREET ADDRESS	9214 FABLE STREET	
CITY-ST-ZIP	ORLANDO FL 32817	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Tim Loftin	
1.3 STREET ADDRESS	2300 Maitland Ctr Pkwy # 280	
1.4 CITY-ST-ZIP	Maitland FL 32751	
2.1 TITLE	President Elect	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jeanine meek	
2.3 STREET ADDRESS	1060 maitland ctr. Commons Blvd.	
2.4 CITY-ST-ZIP	Maitland FL 32751	
3.1 TITLE	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Lisa Harrington	
3.3 STREET ADDRESS	1824 Blue Fox Ct	
3.4 CITY-ST-ZIP	Orlando FL 32825	
4.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Doug Gromber	
4.3 STREET ADDRESS	1027 Shinnecock Hills Dr.	
4.4 CITY-ST-ZIP	Orlando FL 32765-5809	
5.1 TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Britt West	
5.3 STREET ADDRESS	5542 Grand Canyon Dr.	
5.4 CITY-ST-ZIP	Orlando 32810	
6.1 TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Diane Cornibert	
6.3 STREET ADDRESS	615 Crescent Executive Center #300	
6.4 CITY-ST-ZIP	Lake Mary FL 32746-2109	

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, with all other like empowered.

SIGNATURE: Tim L. Gromber  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.599 407-875-7832  
Date Daytime Phone #

CR2E037 (11/98)