

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2004 8:00 am
Secretary of State

05-24-2004 90010 031 ****70.00

DOCUMENT # N03935 1. Entity Name CENTRAL FLORIDA CHAPTER OF THE SOCIETY OF C.P.C.U., INC.					
Principal Place of Business 4625 TINSLEY DRIVE ORLANDO, FL 32839 US			Mailing Address POST OFFICE BOX 622858 OVIEDO, FL 32762-2858		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2737706	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PERKINS, SANDRA 1415 BRUMLEY ROAD CHULUOTA, FL 32766				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD MCINTOSH, DAVID 1812 WYANDOTTE TRAIL CASSELBERRY, FL 32707		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD McIntosh, David <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALTHER, PAUL 120 INTERNATIONAL PKWY, STE 320 HEATHROW, FL 32746		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD Sharon Carveth P.O. Box 950413 Lake Mary, FL 32795-0413 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CRUZ, LINBA POST OFFICE BOX 160364 ALTAMONTE SPRINGS, FL 32716		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Chris Eirich 274 Hernandez Rd Winter Haven, FL 33884 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOSTON, WILEY 390 N. ORANGE, SUITE 1100 ORLANDO, FL 32801		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD Alice Hamm 4817 Cypress Woods Dr. #5209 Orlando, FL 32811 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRODD, LAURIE 1900 SUMMIT TOWER BLVD., STE 900 MAITLAND, FL 32810		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD FITZGERALD, PAT 359 LAKEWOOD CT LAKE MARY, FL 32746		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Fitzgerald, Pat 31026 Nocatee Tra. 1 Sarrento, FL 32776 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Patricia S. Fitzgerald</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date 5-18-04				Daytime Phone #	

14022864



01062004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2737706

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCINTOSH, DAVID	
STREET ADDRESS	1812 WYANDOTTE TRAIL	
CITY-ST-ZIP	CASSELBERRY, FL 32707	

TITLE	PD	<input type="checkbox"/> Delete
NAME	WALTHER, PAUL	
STREET ADDRESS	120 INTERNATIONAL PKWY, STE 320	
CITY-ST-ZIP	HEATHROW, FL 32746	

TITLE	VPD	<input type="checkbox"/> Delete
NAME	CRUZ, LINBA	
STREET ADDRESS	POST OFFICE BOX 160364	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32716	

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BOSTON, WILEY	
STREET ADDRESS	390 N. ORANGE, SUITE 1100	
CITY-ST-ZIP	ORLANDO, FL 32801	

TITLE	TD	<input type="checkbox"/> Delete
NAME	BRODD, LAURIE	
STREET ADDRESS	1900 SUMMIT TOWER BLVD., STE 900	
CITY-ST-ZIP	MAITLAND, FL 32810	

TITLE	DD	<input type="checkbox"/> Delete
NAME	FITZGERALD, PAT	
STREET ADDRESS	359 LAKEWOOD CT	
CITY-ST-ZIP	LAKE MARY, FL 32746	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McIntosh, David	
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sharon Carveth	
STREET ADDRESS	P.O. Box 950413	
CITY-ST-ZIP	Lake Mary, FL 32795-0413	

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chris Eirich	
STREET ADDRESS	274 Hernandez Rd	
CITY-ST-ZIP	Winter Haven, FL 33884	

TITLE	DD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alice Hamm	
STREET ADDRESS	4817 Cypress Woods Dr. #5209	
CITY-ST-ZIP	Orlando, FL 32811	

TITLE	DD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Treasurer	
STREET ADDRESS	Fitzgerald, Pat	
CITY-ST-ZIP	31026 Nocatee Tra. 1 Sarrento, FL 32776	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Patricia S. Fitzgerald, treasurer