# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03935

Apr 13, 2005 Secretary of State

Entity Name: CENTRAL FLORIDA CHAPTER OF THE SOCIETY OF C.P.C.U., INC.

**Current Principal Place of Business: New Principal Place of Business:** 

4625 TINSLEY DRIVE 174 GRACE BLVD.

ORLANDO, FL 32839 US ALTAMONTE SPRINGS, FL 32714 US

**Current Mailing Address: New Mailing Address:** 

POST OFFICE BOX 622858 OVIEDO, FL 327622858

FEI Number: 59-2737706 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PERKINS, SANDRA 1415 BRUMLEY ROAD CHULUOTA, FL 32766

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.

SIGNATURE:

### Electronic Signature of Registered Agent

US

### Date

#### **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition MCINTOSH, DAVID KEYES, PAULA Name: Name:

1812 WYANDOTTE TRAIL Address: 174 GRACE BLVD. Address: City-St-Zip: CASSELBERRY, FL 32707 City-St-Zip: ALTAMONTE SPRINGS, FL 32714

PD Title:

Title: (X) Change ( ) Addition ( ) Delete WALTHER, PAUL Name: WALTHER, PAUL Name:

Address: 120 INTERNATIONLA PKWY, STE 320 Address: 120 INTERNATIONLA PKWY, STE 320

City-St-Zip: HEATHROW, FL 32746 City-St-Zip: HEATHROW, FL 32746

Title: VPD () Delete Title: (X) Change ( ) Addition

CRUZ, LINBA CRUZ, LINDA Name: Name: Address: POST OFFICE BOX 160364 Address: POST OFFICE BOX 160364

City-St-Zip: ALTAMONTE SPRINGS, FL 32716 City-St-Zip: ALTAMONTE SPRINGS, FL 32716

Title: DD ( ) Delete Title: (X) Change ( ) Addition

Name: CARVETH, SHARON Name: EIRICH, CHRIS Address: PO BOX 950413 Address: 174 GRACE BLVD

City-St-Zip: LAKE MARY, FL 327950413 City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: () Delete Title: (X) Change ( ) Addition

BRODD, LAURIE BRODD, LAURIE Name: Name:

1900 SUMMIT TOWER BLVD., STE 900 1900 SUMMIT TOWER BLVD., STE 900 Address: Address:

City-St-Zip: MAITLAND, FL 32810 City-St-Zip: MAITLAND, FL 32810

Title: () Delete Title: (X) Change ( ) Addition

FITZGERALD, PAT FITZGERALD, PAT Name: Name: Address: 31026 NOCATEE TRAIL Address: 31026 NOCATEE TRAIL SORRENTO, FL 32776 SORRENTO, FL 32776 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAULA KEYES **TREA** 04/13/2005