

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03935

FILED  
Mar 23, 2009  
Secretary of State

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

**Current Principal Place of Business:**

230 N. WESTMONTE DRIVE  
#2100  
ALTAMONTE SPRINGS, FL 32714 US

**New Principal Place of Business:**

**Current Mailing Address:**

230 N. WESTMONTE DRIVE  
#2100  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

**FEI Number:** 59-2737706

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GEISLER, ANN A  
230 N. WESTMONTE DRIVE  
SUITE 2100  
ALTAMONTE SPRINGS, FL 32714 US

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

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

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: FITZGERALD, PATRICIA  
Address: 230 N. WESTMONTE DRIVE #2100  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: P ( ) Delete  
Name: BRODD, LAURIE  
Address: 230 N. WESTMONTE DRIVE #2100  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: S ( ) Delete  
Name: GRIFFITH, SHARON  
Address: 230 N. WESTMONTE DRIVE #2100  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VP ( ) Delete  
Name: PANKO, JOHN  
Address: 230 N. WESTMONTE DRIVE #2100  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: T (X) Delete  
Name: KEYES, PAULA  
Address: 230 N. WESTMONTE DRIVE #2100  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: BRODD, LAURIE  
Address: 1900 SUMMIT TOWER BLVD  
City-St-Zip: ORLANDO, FL 32810

Title: P (X) Change ( ) Addition  
Name: GROSS, MARGARET  
Address: 615 CRESCENT EXECUTIVE CT #600  
City-St-Zip: LAKE MARY, FL 32746

Title: T (X) Change ( ) Addition  
Name: VANCURA, BOB  
Address: 195 S. WESTMONTE DR. #150  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: BOB VAN CURA

S

03/23/2009

Electronic Signature of Signing Officer or Director

Date