

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90105 015 \*\*\*\*61.25

<b>DOCUMENT # N04000001249</b> 1. Entity Name <b>CENTRAL FLORIDA CHAPTER, SPEBSQSA, INC.</b>					
Principal Place of Business <b>% KENNETH E CARTER 1202 ARRIAGO WAY THE VILLAGES, FL 32162</b>			Mailing Address <b>P O BOX 949 LADY LAKE, FL 32158</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>CARTER, KENNETH E 1202 ARRIAGO WAY THE VILLAGES, FL 32162</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <b>CARTER, KENNETH E 1202 ARRIAGO WAY THE VILLAGES, FL 32162</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD <b>BORDERS, CHARLES 5500 LAVOR ST LEESBURG, FL 34748</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD <b>FISCHER, RICHARD W 1226 E SCHWARTZ BLVD LADY LAKE, FL 32159</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1422 CARRILLO STREET THE VILLAGES, FL 32162</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD <b>OPPENHEIMER, ERHARD 1219 TARPON LN LADY LAKE, FL 32159</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8827 SE 132ND PLACE SUMMERFIELD, FL 34491</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>BERNARD, WILLIAM J 17800 SE 100TH TERRACE SUMMERFIELD, FL 34991</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>HIMMELMAN, DONALD R 17985 SE 102ND CT SUMMERFIELD, FL 344917421</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> <u>Richard W. Fischer</u> <b>RICHARD W. FISCHER</b> <u>2/20/06</u> <u>352-750-6755</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					