

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90018 045 \*\*\*\*61.25

DOCUMENT # N04000001249

1. Entity Name

CENTRAL FLORIDA CHAPTER, SPEBSQSA, INC.



Principal Place of Business

% KENNETH E CARTER  
1202 ARRIAGO WAY  
THE VILLAGES FL 32162

Mailing Address

P O BOX 949  
LADY LAKE FL 32158



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

39-6089130

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARTER, KENNETH E  
1202 ARRIAGO WAY  
THE VILLAGES FL 32162

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

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 checked="" type="checkbox"/> Delete
NAME	CARTER, KENNETH E	
STREET ADDRESS	1202 ARRIAGO WAY	
CITY- ST- ZIP	THE VILLAGES FL 32162	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BORDERS, CHARLES	
STREET ADDRESS	5500 LAVOR ST	
CITY- ST- ZIP	LEESBURG FL 34748	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FISCHER, RICHARD W	
STREET ADDRESS	1422 CARRILLO ST	
CITY- ST- ZIP	THE VILLAGES FL 32162	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	OPPENHEIMER, ERHARD	
STREET ADDRESS	8827 SE 132 ND PL	
CITY- ST- ZIP	SUMMERFIELD FL 34491	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BERNARD, WILLIAM J	
STREET ADDRESS	17800 SE 100TH TERRACE	
CITY- ST- ZIP	SUMMERFIELD FL 34991	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HIMMELMAN, DONALD R	
STREET ADDRESS	17985 SE 102ND CT	
CITY- ST- ZIP	SUMMERFIELD FL 34491-7421	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN, THOMAS	
STREET ADDRESS	1704 S.E. 119 CIRCLE	
CITY- ST- ZIP	SUMMERFIELD, FL 34491	
TITLE	EXEC. V. PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIRKPATRICK, DAVID	
STREET ADDRESS	41900 ISLAND LAKE LANE	
CITY- ST- ZIP	UMATILLA, FL 32784	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GENRLEIN, JAMES	
STREET ADDRESS	1658 MEDINA AVE	
CITY- ST- ZIP	LADY LAKE, FL 32159	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN, JAMES I.	
STREET ADDRESS	180 CROSSWAYS DR.	
CITY- ST- ZIP	LEESBURG, FL 34788	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FISCHER, RICHARD W.	
STREET ADDRESS	1422 CARRILLO ST.	
CITY- ST- ZIP	THE VILLAGES, FL 32162	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONOHUE, FRAN	
STREET ADDRESS	117 E. TRIPLE CROWN LOOP	
CITY- ST- ZIP	HERNANDO, FL 34442	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

*James I. Martin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES I. MARTIN

2-13-07 352-357-6129

Date Daytime Phone #