

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000004267

1. Entity Name
NFRA FLORIDA CHAPTER, INC.



Principal Place of Business
100 S. ORANGE AVE., 9TH FLOOR
ORLANDO, FL 32801

Mailing Address
100 S. ORANGE AVE., 9TH FLOOR
ORLANDO, FL 32801



02132008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number

73-1711583

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOTSCHALL, MIKE ESQ.
100 S. ORANGE AVE., 9TH FLOOR
ORLANDO, FL 32801

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IN THIS SPACE**

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 reappointing)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

000000832442
02/27/08-80058-014 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
BOMFORD, JIM
STREET ADDRESS
100 S. ORANGE AVE., 9TH FLOOR
CITY - ST - ZIP
ORLANDO, FL 32801

TITLE
NAME
BRIGMOND, MIKE
STREET ADDRESS
100 S. ORANGE AVE., 9TH FLOOR
CITY - ST - ZIP
ORLANDO, FL 32801

TITLE
NAME
MINOTILLO, DINO
STREET ADDRESS
100 S. ORANGE AVE., 9TH FLOOR
CITY - ST - ZIP
ORLANDO, FL 32801

TITLE
NAME
FAIRCHOK, ANDREA
STREET ADDRESS
100 S. ORANGE AVE., 9TH FLOOR
CITY - ST - ZIP
ORLANDO, FL 32801

TITLE
NAME
MARTIN, SHERRI
STREET ADDRESS
100 S. ORANGE AVE., 9TH FLOOR
CITY - ST - ZIP
ORLANDO, FL 32801

TITLE
NAME
QUITTSCHEIBER, JO
STREET ADDRESS
100 S. ORANGE AVE., 9TH FLOOR
CITY - ST - ZIP
ORLANDO, FL 32801

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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #