

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004890

FILED
Jan 03, 2005
Secretary of State

Entity Name: KAHIRUP ASSOCIATION OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

4420 WITHROWWOOD COURT
ORLANDO, FL 32837

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 771604
ORLANDO, FL 32877

New Mailing Address:

4420 WITHROWWOOD CT.
ORLANDO, FL 32837

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONTALLANA, VICTOR P
4420 WITHROWWOOD COURT
ORLANDO, FL 32837 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: DP () Delete
Name: MONTALLANA, ELSA
Address: 4420 WITHROWWOOD COURT
City-St-Zip: ORLANDO, FL 32837

Title: DVP () Delete
Name: SIMMONS, ROSE
Address: 2101 HICKORY WOOD COURT
City-St-Zip: ST. CLOUD, FL 34772

Title: DST () Delete
Name: ALBINO, MAISIE
Address: 2756 MUSCATELLO COURT
City-St-Zip: ORLANDO, FL 32837

Title: DPRO () Delete
Name: SILGUERA, ELPODIO T
Address: 2447 QUAIL RUN BLVD.
City-St-Zip: KISSIMMEE, FL 34744

Title: DAUD () Delete
Name: MONTALLANA, VICTOR
Address: 4420 WITHROWWOOD COURT
City-St-Zip: ORLANDO, FL 34837

Title: D () Delete
Name: LOBATON, SALVADOR
Address: 1000 S. SEMORAN BLVD., APT 510
City-St-Zip: WINTER PARK, FL 32837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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: ELSA MONTALLANA

DP

01/03/2005

Electronic Signature of Signing Officer or Director

Date