

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2005 8:00 am
Secretary of State

07-14-2005 90075 020 ****61.25

20063331



05032005 Chg-NP CR2E037 (10/03)

DOCUMENT # N04000006407 1. Entity Name CENTRAL FLORIDA CHAPTER OF THE INTERNATIONAL SOCIETY OF APPRAISERS INC.					
Principal Place of Business 580 115TH AVENUE TREASURE ISLAND, FL 33706			Mailing Address 580 115TH AVENUE TREASURE ISLAND, FL 33706		
2. Principal Place of Business 1401 GROVE TR Suite, Apt. #, etc.		3. Mailing Address 1401 GROVE TERRACE Suite, Apt. #, etc.			
City & State WINTER PARK Zip 32189 Country ORANGE		City & State WINTER PARK Zip 32189 Country ORANGE		4. FEI Number 30-0259117	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MUELLER, LORNI K 580 115TH AVENUE TREASURE ISLAND, FL 33706			7. Name and Address of New Registered Agent Name HARL G. GRAHAM Street Address (P.O. Box Number is Not Acceptable) 1401 GROVE TERRACE City WINTER PARK FL 32189		
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 HARL G. GRAHAM 7/1/05 <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES BALL, KEITH O 2715 NANCY STREET SARASOTA, FL 34237	<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	VP ALLEN, LORENA 8122 WHISTLE WING COURT ORLANDO, FL 32817	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROSENZWEIG, DAPHNE P.O. Box 3976 SARASOTA, FL 34320 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC MUELLER, ROSE E 580 115TH AVENUE TREASURE ISLAND, FL 33706	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC BRASWELL, ROBIN VARNES 652 NORTH HODGE COCK SQUARE SATELLITE BEACH, FL 32937 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA MUELLER, LORNI K 580 115TH AVENUE TREASURE ISLAND, FL 33706	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA BEVERLY G. GRAHAM 1401 GROVE TERRACE WINTER PARK, FL 32189 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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	<input type="checkbox"/> Delete	<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 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 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 BEVERLY G. GRAHAM 7/1/05 401 599-0444 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT
FOR CLARIFICATION 2006353
 made with the full knowledge and permission of the individual, otherwise it constitutes
 forgery under s.831.06, Florida Statutes.

NO400006407

Officer/Director Name And Address

Title

PRES

BALL, KEITH O

Name (Last, First, Middle, Title)

MUELLER

ROSE

-or- Entity Name

NO CHANGE

Street Address

580 115TH AVENUE

City, State

TREASURE ISLAND

Zip Code & Country

32708

Title

VP

Name (Last, First, Middle, Title)

Rosenzweig

Daphne

-or- Entity Name

Street Address

P.O. Box 3976

City, State

SARASOTA

FL

Zip Code & Country

34320

Title

SEC

Name (Last, First, Middle, Title)

Braswell

Robin Varnes

-or- Entity Name

Street Address

652 North Hedgecock Square

City, State

Satellite Beach

FL

Zip Code & Country

32937

Title

TREA

Name (Last, First, Middle, Title)

GRAHAM

BEVERLY

G

-or- Entity Name

Street Address

1401 GROVE TERRACE

City, State

WINTER PARK

FL

Zip Code & Country

32789

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State