

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 15, 2008
Secretary of State

DOCUMENT# N07000009517

Entity Name: IAHSS CENTRAL FLORIDA CHAPTER, INC.

Current Principal Place of Business:

2 COLUMBIA DRIVE
TAMPA, FL 33606 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 23546
TAMPA, FL 33623 US

New Mailing Address:

FEI Number: 26-1162777 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEERS, BRIAN J CHP.
10310 SPRINGROSE DRIVE
TAMPA, FL 33626 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: CHM () Delete
Name: BEERS, BRIAN J
Address: P.O. BOX 23546
City-St-Zip: TAMPA, FL 33623 US

Title: SEC () Delete
Name: RASMUSSEN, WAYNE A
Address: P.O. BOX 23546
City-St-Zip: TAMPA, FL 33623 US

Title: TRE () Delete
Name: WERONIK, BOB
Address: P.O. BOX 23546
City-St-Zip: TAMPA, FL 33623 US

Title: P CH () Delete
Name: HOBSON, KEVIN
Address: P.O. BOX 23546
City-St-Zip: TAMPA, FL 33623 US

Title: VCHP (X) Delete
Name: FIETZ, ALAN
Address: P.O. BOX 23546
City-St-Zip: TAMPA, FL 33623 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VCH (X) Change () Addition
Name: RASMUSSEN, WAYNE A
Address: P.O. BOX 23546
City-St-Zip: TAMPA, FL 33623 US

Title: TRE (X) Change () Addition
Name: FORD, PAUL
Address: P.O. BOX 23546
City-St-Zip: TAMPA, FL 33623 US

Title: SEC (X) Change () Addition
Name: STARK, CARL
Address: P.O. BOX 23546
City-St-Zip: TAMPA, FL 33623 US

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: BRIAN J BEERS

Electronic Signature of Signing Officer or Director

CHM

09/15/2008

Date