

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 09, 2009  
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 (X)

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

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

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CHR (X) Change ( ) Addition  
Name: BEERS, BRIAN J  
Address: P.O. BOX 23546  
City-St-Zip: TAMPA, FL 33623 US

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: CH E ( ) Change (X) Addition  
Name: MILLER, RICHARD  
Address: P.O. BOX 23546  
City-St-Zip: TAMPA, FL 33623 US

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

CHR

01/09/2009

\_\_\_\_\_  
Date