

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90122 026 ****61.25

DOCUMENT # N08461

1. Entity Name

ASIA SOCIETY OF CENTRAL FLORIDA, INC.



Principal Place of Business

P.O. BOX 814
WINTER PARK FL 32790

Mailing Address

P.O. BOX 814
WINTER PARK FL 32790

40047403



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2507148

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WARD, TAYLOR D
1539 GLENCOE ROAD
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME VAN BREEMAN, JONI
STREET ADDRESS 2599 VIA TUSCANY
CITY-ST-ZIP WINTER PARK FL 32789

TITLE ☐ Delete
NAME WARD, TAYLOR D
STREET ADDRESS 1539 GLENCOE RD.
CITY-ST-ZIP WINTER PARK FL 32789

TITLE ☐ Delete
NAME BUTTERFIELD, GALE
STREET ADDRESS 723 SYBILWOOD CIR.
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE ☐ Delete
NAME BUTTERFIELD, GEORGE
STREET ADDRESS 723 SYBILWOOD CIR.
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE ☐ Delete
NAME SULLIVAN, GENE
STREET ADDRESS 2423 VIA SIENNA
CITY-ST-ZIP WINTER PARK FL 32789

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME VP
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME PRES
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

George Butterfield 4/6/05 (407) 695-9279