

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

FILED
Jun 01, 2005 8:00 am
Secretary of State

06-01-2005 90015 031 ****61.25

DOCUMENT # N12034

1. Entity Name

CENTRAL FLORIDA PORCELAIN ARTISTS, INC.



Principal Place of Business

950 EMPRESS LANE
ORLANDO FL 32825

Mailing Address

950 EMPRESS LANE
ORLANDO FL 32825

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-2661639

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NOLAND, GRACE
950 EMPRESS LANE
ORLANDO FL 32825

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 V/D ☒ Delete
NAME NOLAND, GRACE
STREET ADDRESS 950 EMPRESS LANE
CITY-ST-ZIP ORLANDO FL 32825

TITLE D ☐ Delete
NAME PICKLER, CAROL
STREET ADDRESS 3838 SANIBEL COVE
CITY-ST-ZIP OVIEDO FL 32765

TITLE SD ☒ Delete
NAME FLETH, GLORIA S
STREET ADDRESS 4824 TANGERINE AVE
CITY-ST-ZIP WINTER PARK FL 32792

TITLE P ☐ Delete
NAME REIHS, MEDIS
STREET ADDRESS 893 CHOKE CHERRY DR
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE D ☐ Delete
NAME ARCHER, MILDRED
STREET ADDRESS 18 BRVAM AVE
CITY-ST-ZIP TITUSVILLE FL 32796-2708

TITLE ID ☐ Delete
NAME FINLEY, ELIZABETH
STREET ADDRESS 2230 GLENCOE RD
CITY-ST-ZIP WINTER PARK FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE V/D ☒ Change ☐ Addition
NAME *CAROL Thompson*
STREET ADDRESS *Reynolds, MARV LO*
CITY-ST-ZIP *1925 E HAMPTON CIR*
WINTER PARK, FL 32792-1801

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

TITLE SD ☒ Change ☐ Addition
NAME *Reynolds, MARV LO*
STREET ADDRESS *2600 VIRGINIA DRIVE*
CITY-ST-ZIP *ORLANDO, FL 32803-2176*

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

TITLE ☐ Change ☐ Addition
NAME
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: *Elizabeth C. Finley (Elizabeth C. Finley)* *5/5/05* *407-423-1970*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #