

1 of 2

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
2005 JAN 21 AM 11:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N14474

1. Entity Name  
THE FLORIDIANS, INC.



Principal Place of Business  
1726 KING PHILLIP DR  
KISSIMMEE, FL 34744

Mailing Address  
P O BOX 423445  
KISSIMMEE, FL 34742-3445 US



01132005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-2803425  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LONG, WILLIAM J.  
1726 KING PHILLIP DR.  
KISSIMMEE, FL 32743

DO NOT WRITE  
IN THIS SPACE

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

1/16/05

Filing Fee is \$61.25  
Due by May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME LONG, WILLIAM  
STREET ADDRESS 1726 KING PHILLIP DR  
CITY-ST-ZIP KISSIMMEE, FL 34744

TITLE STD  
NAME LONG, WILLIAM J II  
STREET ADDRESS 916 ILLINOIS AVE  
CITY-ST-ZIP ST. CLOUD, FL 32769

TITLE SD  
NAME LONG, EVELYN S  
STREET ADDRESS 1726 KING PHILLIP DRIVE  
CITY-ST-ZIP KISSIMMEE, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000189552  
01/24/05-80100-024 61.25

DO NOT WRITE  
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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

1/16/05

Daytime Phone #

407-556-0998

The  
*Floridians*

*An Inspiring Southern Gospel Ministry*

January 16, 2005

Divisions of Corporations  
P. O. Box 6198  
Tallahassee, Florida 32314

SUBJECT: Address Change

I Hereby request as address on Corporation as follows:

Principal place of business: 195 W. Morgan Street  
Winter Garden, Florida 34787


Officers and Directors: (Block 10)

William J. Long - 195 West Morgan Street  
Winter Garden, FL 34787

Evelyn S. Long - 195 West Morgan Street  
Winter Garden, FL 34787

Thank You for making this correction.

The "FLORIDIANS"

  
William J. Long  
President