## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # N19462**

1. Entity Name

FLORIDA ASSOCIATION FOR NUCLEATION AND CONVENTIONS, INC.



FILED May 01, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

C/O BECKY D PETERS 3050 NE 47TH COURT #406 FORT LAUDERDALE, FL 33308 C/O BECKY D PETERS 3050 NE 47TH COURT #406 FORT LAUDERDALE, FL 33308



04292008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-2877304

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PETERS, BECKY D 3050 N.E. 47TH COURT., #406 FT LAUDERDALE, FL 33308

## DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	d office or i	egistered agent, or be	oth, in the State of Florida. I am familiar with, and accep	
SIGNATURE_	Signature, typed or printed name of registered egent and title if	applicable. (NOTE: Registered	Agent signatur	required when reinstating)	DATE	
	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Finance Trust Fund Contribution.	cing 🔲	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECT	TORS				
TITLE NAME Street address City-St-Zip	CD SICLARI, JOSEPH 661 HANOVER STREET YORKTOWN HEIGHTS, NY 10598				U00000937969	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HERZ, MELAINE 2517 MANOR DRIVE PALM BAY, FL 32905				05/27/08-80069-016 70.00	
TITLE Name Street address City-St-Zip	T PETERS, BECKY D 3050 N.E. 47TH COURT., #406 FT LAUDERDALE, FL 33308			DO	DO NOT WRITE	
TITLE Name Street address City-St-Zip	BD OLSEN, MARK 10 SHAMUL TERRACE FRAMINGTON, MA 01701		IN THIS SPACE			
TITLE Name Street address City-St-Zip	BD WEAVER, JOHN N 523 SAMUEL HUNTINGTON ST ORANGE PARK, FL 33073					
TITLE	l BD					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 234

VEAL, TOM

CHICAGO, IL 60657

3000 NORTH SHERIDAN RD., #2C

NAME

STREET ADDRESS

CITY-ST-ZIP

SING D RES

4/26/2008

Daytime Phone #