


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90060 014 \*\*\*\*61.25

<b>DOCUMENT # N22795</b> 1. Entity Name <b>ALTAMONTE SPRINGS CITY EMPLOYEES ORGANIZATION, INC.</b>					
Principal Place of Business <b>CITY HALL 225 NEWBURYPORT AVENUE ALTAMONTE SPRINGS, FL 32701</b>			Mailing Address <b>CITY HALL 225 NEWBURYPORT AVENUE ALTAMONTE SPRINGS, FL 32701</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
4. FEI Number <b>59-2848368</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>PENDLEY, MICHAEL K ACCOUNTING 225 NEWBURYPORT AVE. ALTAMONTE SPRINGS, FL 32701</b>			7. Name and Address of New Registered Agent Name <b>CATHERINE FINDLEY</b> Street Address (P.O. Box Number is Not Acceptable) <b>PUBLIC WORKS</b> <b>225 NEWBURYPORT AVE</b> City <b>ALTAMONTE SPRINGS</b> FL <b>32701</b>		
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 <u><i>Catherine Findley</i></u> <b>CATHERINE FINDLEY</b> <b>FEB 16, 05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to Florida Department of State					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	P.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAER, MIRIAM		NAME	GAY, LETZKE	
STREET ADDRESS	225 NEWBURYPORT AVE		STREET ADDRESS	225 NEWBURYPORT AVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701		CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	V.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLETTE, PAM		NAME	ELBA JONES	
STREET ADDRESS	225 NEWBURYPORT AVE		STREET ADDRESS	255 NEWBURYPORT AVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701		CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	S.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUDITH, HIGGS		NAME	ELAINE WATERS	
STREET ADDRESS	225 NEWBURYPORT AVE		STREET ADDRESS	255 NEWBURYPORT AVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701		CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	DD	<input type="checkbox"/> Delete	TITLE		
NAME	GRIFFITHS, LINDA		NAME		
STREET ADDRESS	225 NEWBURYPORT AVE.		STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u><i>Catherine Findley</i></u> <b>CATHERINE FINDLEY</b> <b>2/16/05</b> <b>407-571-8338</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					