

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90008 028 ****61.25

DOCUMENT # N22795 1. Entity Name ALTAMONTE SPRINGS CITY EMPLOYEES ORGANIZATION, INC.					
Principal Place of Business CITY HALL 225 NEWBURYPORT AVENUE ALTAMONTE SPRINGS, FL 32701			Mailing Address CITY HALL 225 NEWBURYPORT AVENUE ALTAMONTE SPRINGS, FL 32701		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2848368	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FINDLEY, CATHERINE PUBLIC WORKS 225 NEWBURYPORT AVE. ALTAMONTE SPRINGS, FL 32701			Name RHONDA BRADY Street Address (P.O. Box Number is Not Acceptable) POLICE DEPARTMENT 225 NEWBURYPORT AVE. City ALTAMONTE SPRINGS FL Zip Code 32701		
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>Rhonda Brady</i></u> Signature, typed or printed name of registered agent and title if applicable			DATE <u>2/21/06</u> (NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by May 1, 2006		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LIETZKE, GAY 225 NEWBURYPORT AVE ALTAMONTE SPRINGS, FL 32701	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CURTIS GRACE 225 NEWBURYPORT AVE. ALTAMONTE SPRINGS, FL 32701
					☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DONES, ELRIA 225 NEWBURYPORT AVE ALTAMONTE SPRINGS, FL 32701	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT MARIE EL-KHOURY 225 NEWBURYPORT AVE ALTAMONTE SPRINGS, FL 32701
					☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WATERS, ELAINE 225 NEWBURYPORT AVE ALTAMONTE SPRINGS, FL 32701	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY DAN BENNETT 225 NEWBURYPORT AVE. ALTAMONTE SPRINGS, FL 32701
					☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LD GRIFFITHS, LINDA 225 NEWBURYPORT AVE. ALTAMONTE SPRINGS, FL 32701	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER RHONDA BRADY 225 NEWBURYPORT AVE. ALTAMONTE SPRINGS, FL 32701
					☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ACTIVITIES COORDINATOR LINDA BLASINGAME 225 NEWBURYPORT AVE ALTAMONTE SPRINGS, FL 32701
					☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST. ACTIVITIES COORDINATOR CRYSTAL HESSLER 225 NEWBURYPORT AVE. ALTAMONTE SPRINGS, FL 32701
					☐ Change ☒ Addition
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: <u><i>[Signature]</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE <u>2/21/06</u> DAYTIME PHONE # <u>407-571-8094</u>		

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