

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

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90062 030 ****61.25

DOCUMENT # N25129

1. Entity Name

FLORIDA SWIMMING POOL ASSOCIATION - EAST
CENTRAL FLORIDA CHAPTER, INC.



Principal Place of Business

5 SOUTHERN PINE TRAIL
ORMOND BEACH FL 32174
US

Mailing Address

P O BOX 730685
ORMOND BCH FL 32173
US

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

59-2922143

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

HECKLINGER, LYNN G
5 SOUTHERN PINE TRAIL
ORMOND BEACH FL 32174

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	P	<input type="checkbox"/> Delete
NAME	MOORE, BILLY	
STREET ADDRESS	440 THIRD STREET	
CITY-ST-ZIP	HOLLY HILL FL 32117	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	TERRI, BACHI	
STREET ADDRESS	PO BOX 291910	
CITY-ST-ZIP	PORT ORANGE FL 32129	
TITLE	S	<input type="checkbox"/> Delete
NAME	BRYANT, LORI	
STREET ADDRESS	1026 N US # 1	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	T	<input type="checkbox"/> Delete
NAME	BILL, GALLAGHER	
STREET ADDRESS	836N CARSWELL AVENUE	
CITY-ST-ZIP	DAYTONA BEACH FL 32117	
TITLE	D	<input type="checkbox"/> Delete
NAME	TED, BUCKELS	
STREET ADDRESS	31 ORMOND SHORES DRIVE	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DESHAZO, JIM	
STREET ADDRESS	1160 E INDUSTRIAL DRIVE	
CITY-ST-ZIP	ORANGE CITY FL 32763	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DeShazo, Jim	
STREET ADDRESS	1160 E Industrial Dr	
CITY-ST-ZIP	Orange City FL 32763	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gallagher, Bill	
STREET ADDRESS	(same address)	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Buckels, Ted	
STREET ADDRESS	493 S. Halifax Drive	
CITY-ST-ZIP	Ormond Beach FL 32176	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bachi, Terry	
STREET ADDRESS	PO Box 291910	
CITY-ST-ZIP	Port Orange FL 32129	

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:

William G. Moore William G. Moore 2-16-05 527-2089
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #