2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # N26264

1. Entity Name
NORTH CENTRAL FLORIDA CHAPTER OF FSPA, INC.

Principal Place of Business	Mailing Address
1005 S. FLORIDA AVE INVERNESS, FL 34450 US	1005 S. FLORIDA AVE INVERNESS, FL 34450 US

04052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2952190
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HARTZELL, MARYANN
1005 S. FLORIDA AVE
INVERNESS, FL 34450

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D
NAME	HECKMAN, JESSE
STREET ADDRESS	P.O. BOX 193
CITY-ST-ZIP	OCALA, FL 34478
TITLE	D
NAME	BIEL, VINCE
STREET ADDRESS	202 S.W. 33RD AVENUE
CITY-ST-ZIP	OCALA, FL 34474
TITLE	D
NAME	MCSHANE, MICHAEL
STREET ADDRESS	PO BOX 903
CITY-ST-ZIP	SUMMERFIELD, FL 34492
TITLE	D
NAME	SILLIMAN, STEVE
STREET ADDRESS	210 NW 13 ST
CITY-ST-ZIP	OCALA, FL 34475
TITLE	PD
NAME	TAYLOR, RANDY
STREET ADDRESS	3822 S.E. 21 PLACE
CITY-ST-ZIP	OCALA, FL 34471
TITLE	VD
NAME	LOSCIALE, LARRY
STREET ADDRESS	1005 SOUTH US HIGHWAY 41
CITY-ST-ZIP	INVERNESS, FL 34450

U00000360556
05/05/05-80035-020 61.25

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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: Maryann Hartzell 04/18/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #