

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90010 049 ****61.25

DOCUMENT # N28156

1. Entity Name

FLORIDA PROFESSIONAL PRESENTER'S CONSORTIUM,
INC.



Principal Place of Business

VAN WEZEL PAH
777 N. TAMiami TRAIL
SARASOTA, FL 34236 US

Mailing Address

VAN WEZEL PAH
777 N. TAMiami TRAIL
SARASOTA, FL 34236 US

40006776



01042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WILKES, JOHN
VAN WEZEL PAH
777 N. TAMiami TRAIL
SARASOTA, FL 34236

**DO NOT WRITE
IN THIS SPACE**

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

**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 NAME STREET ADDRESS CITY-ST-ZIP	SD WALSH, TONY 283 COLLEGE DRIVE ORANGE PARK, FL 32065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSSI, BOB 1111 MCMULLEN BOOTH RD CLEARWATER, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JANICKI, STEVE 3865 N WICKHAM RD MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILKES, JOHN D 777 N. TAMiami TRAIL SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/05 941-955-7676 X224