

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41620

FILED
Feb 10, 2005
Secretary of State

Entity Name: CENTRAL FLORIDA HERPETOLOGICAL SOCIETY, INC.

Current Principal Place of Business:

PO BOX 5350
WINTER PARK, FL 32793 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 5350
WINTER PARK, FL 32793 US

New Mailing Address:

FEI Number: 59-3116401 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEITELMAN, VICTOR E
8312 CHESTNUT KEY COURT
204
ORLANDO, FL 32825 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PETERS, JAMES E
Address: 2075 KIMBERWICKE CIRCLE
City-St-Zip: OVIEDO, FL 32765 US

Title: T () Delete
Name: ST.CYR, MYRON D
Address: 5628 LONG LAKE HILLS BLVD.
City-St-Zip: ORLANDO, FL 32810 US

Title: VD () Delete
Name: SARGENT, DENNIS M
Address: 6510 TUSCAWILLA DRIVE
City-St-Zip: LEESBURG, FL 34748 US

Title: DS () Delete
Name: BEITELMAN, VICTOR E
Address: 8312 CHESTNUT KEY COURT #204
City-St-Zip: ORLANDO, FL 32825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: OWENS, PAUL E
Address: 1700 PAMS WAY
City-St-Zip: GENEVA, FL 32732 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICTOR E. BEITELMAN

DS

02/10/2005

Electronic Signature of Signing Officer or Director

Date