

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41620

FILED
Jan 13, 2006
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 (X)

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:

BEITELMAN, VICTOR E
650 DOUGLAS AVENUE
1037
ALTAMONTE SPRINGS, FL 32714 US

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: VICTOR E BEITELMAN

01/13/2006

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

Title: VD (X) Change () Addition
Name: MORRISSIEY, FLAVIO
Address: 2856 FALLING TREE CIRCLE
City-St-Zip: ORLANDO, FL 32837 US

Title: DS (X) Change () Addition
Name: JOHNSON, CINDY
Address: 2460 RAIN TREE LAKE CIRCLE
City-St-Zip: MERRITT ISLAND, FL 32953

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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

RA

01/13/2006

Electronic Signature of Signing Officer or Director

Date