

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41620

FILED
Mar 10, 2009
Secretary of State

Entity Name: CENTRAL FLORIDA HERPETOLOGICAL SOCIETY, INC.

Current Principal Place of Business:

99 E MARKS STREET
ORLANDO, FL 32803 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:

HEFLICK, SHAWN K
2930 TOULON RD
PALM BAY, FL 32909 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: P () Delete
Name: HEFLICK, SHAWN K
Address: 2930 TOULON RD
City-St-Zip: PALM BAY, FL 32909 US

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

Title: VP () Delete
Name: ROWLEY, TODD
Address: PO BOX 618618
City-St-Zip: ORLANDO, FL 32861 US

Title: DS () Delete
Name: STALDER, CHRIS
Address: 2930 TOULON RD
City-St-Zip: PALM BAY, FL 32909

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change () Addition
Name: PETERS, JIM
Address: 2075 KIMBERWICKE CIRCLE
City-St-Zip: OVEIDO, FL 32765 US

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

I hereby certify that the information supplied with this filing does not qualify 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: SHAWN HEFLICK

PRES

03/10/2009

Electronic Signature of Signing Officer or Director

_____ Date