2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41620

1. Entity Name

CENTRAL ELORIDA HERPETOLOGICAL SOCIETY, INC.



FILED Feb 04, 2003 8:00 am Secretary of State 02-04-2003 90128 012 ****61.25

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City & State VINTER GARDEN FL Country 34 777 Country 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. The Address of Current Registered Agent 8. The Address of New Registered Agent 8. The Address of Rose Address of New Registered Agent 8. The Address of Rose Address of New Registered Agent 8. The Address of Rose Address of New Registered Agent 9. Election Carpeling Financing 10		·3324	
Name Status Desired			
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SHEEHAN, RAYMOND A 811 17 TERRACE NE WINTER HAVEN FL 33881 City SANFORD FL 3277 FL Zip Code 32771 8. The above normed entity submitted this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am furnitian with, and accept the vehiclations of registered agent. SIGNATURE City SANFORD FL 3277 FL Zip Code 32771 SANFORD FL 3277 FL Zip Code 32771 SANFORD FL 3277 FL Zip Code 32771 STATE Code 32771 FL Zip Code 32771 STATE Code 32771 FL Zip Code 32771 City SANFORD FL 3277 FL Zip Code 32771 Code 32771	34777 VSA 34777	5. Certificate of Status Desired Fee Required	al
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WINTER HAVEN FL 33881 City SANFORD FL 3277 FL Zip Code 3278 FL Zip Code		Street Address (P.O. Box Number is Not Acceptable)	
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 abbligations of registered agent. SIGNATURE SIGNATU		106 TANGERINE DR	
SIGNATURE		SANFORD, FL 3277 FL 327	
SIGNAPURE Signaman, kyoseph periph lamphor (gargeted agent and title if applicable). (NOTE Registered Agent signature recurred when mendating). DATE		ered office or registered agent, or both, in the State of Florida. I am familiar with, and	accept
FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE D CONCANNON, PAUL STREET ADDRESS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PRESENDENT Change Addition TITLE D CONCANNON, PAUL STREET ADDRESS CITY-ST-2P CONCANNON, PAUL STREET ADDRESS CITY-ST-2P MAME STREET ADDRESS CITY-ST-2P CONCANNON PAUL STREET ADDRESS CITY-ST-2P CONCENTRATE ADDRESS CITY-ST-2P CIT	SIGNATURE SIGNATURE A Dellis		
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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:

-18-03

407-571-4282