

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90173 005 ****70.00

DOCUMENT # N42136

1. Entity Name

CENTRAL FLORIDA VETERANS ASSOCIATION, INC.

Principal Place of Business

**2500 LEAHY AVE
DFAS BOX 931670
ORLANDO FL 32893-1670**

Mailing Address

**DFAS BOX 931670
2500 LEAHY AVE
ORLANDO FL 32893-1670**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3076959

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PRICE, CHARLEY D
126 DIRKSEN DR
DEBARY FL 32713**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	STERCHELE, SIDNEY "CHUCK"	
STREET ADDRESS	1215 JAMAJO BLVD	
CITY-ST-ZIP	ORLANDO FL 32803	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MILLER, ROBERT W	
STREET ADDRESS	155 FALLWOOD ST	
CITY-ST-ZIP	CASSELBERRY FL 32730	

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BILLY J. ENFINGER	
STREET ADDRESS	2924 CULLEN LAKE SHORE DR.	
CITY-ST-ZIP	ORLANDO, FLORIDA 32812	

TITLE	TD	<input type="checkbox"/> Delete
NAME	PETERS, PARNIE	
STREET ADDRESS	6302 BEA LAKE TERR	
CITY-ST-ZIP	APOKA FL 32703	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Delete
NAME	BREECE, SHARON	
STREET ADDRESS	5018 GOLDENROD PL RD	
CITY-ST-ZIP	WINTER PARK FL 32792	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, ROBERT	
STREET ADDRESS	504 DEW DROP COVE	
CITY-ST-ZIP	CASSELBERRY FL 32707	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTS, TOM	
STREET ADDRESS	2354 FLAMINGO WAY	
CITY-ST-ZIP	WINTER PARK FL 32792	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**Sidney C. Sterchele, President, Central Florida Veterans Association**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)