


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90040 033 ****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		Country		Country	
6. Name and Address of Current Registered Agent PRICE, CHARLEY D 126 DIRKSEN DR DEBARY, FL 32713				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	P STERCHELE, SIDNEY "CHUCK" 1215 JAMAJO BLVD ORLANDO, FL 32803		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Dr. Neil Euliano 1819 N. Sernoran Orlando, Florida 32807	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ENFINGER, BILLY J 2924 CULLEN LAKE SHORE DR ORLANDO, FL 32812		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Robert T. Jordan 210 Banbury Ct. Longwood, Florida 32779-4505	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PETERS, PARNIE 6302 BEA LAKE TERR APOPKA, FL 32703		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BREECE, SHARON 5018 GOLDENROD PL RD WINTER PARK, FL 32792		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, ROBERT 504 DEW DROP COVE CASSELBERRY, FL 32707		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Billy J. Enfinger 2924 Cullen Lake Shore Dr. Orlando, Florida 32812	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, TOM 2354 FLAMINGO WAY WINTER PARK, FL 32792		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Murray Marcus 918 Rockwood Ct. Orlando, Florida 32804	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/6/4 407-681-9205 <small>Date Daytime Phone #</small>		