


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N43904 1. Entity Name CENTRAL FLORIDA TISSUE BANK, INC.	
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Principal Place of Business 8663 COMMODITY CIRCLE ORLANDO, FL 32819	Mailing Address 8669 COMMODITY CIRCLE ORLANDO, FL 32819
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DO NOT WRITE IN THIS SPACE



01062005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3088930	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CHINODA, ANNE K
8669 COMMODITY CIRCLE
ORLANDO, FL 32819**

**DO NOT WRITE
IN THIS SPACE**

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: *Anne K Chinoda* (**ANNE K CHINODA**) 1/7/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D YATES, LEIGHTON D 200 S. ORANGE STREET ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T BOONE, DAVID G 200 S ORANGE AVE ORLANDO, FL 328023833
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D CHINODA, ANNE K 8669 COMMODITY CIRCLE ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC/D KURTZ, C. DEAN BOX 165000, MS FLAPKA0234 ALTAMONTE SPRINGS, FL 327165000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/O ARNOLD, SHARON E 1000 AAA DRIVE HEATHROW, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/O BRADFORD, RICHMOND C 5900 LAKE ELLENOR DR ORLANDO, FL 32895

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IN THIS SPACE**

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01/20/05-80055-025 61.25

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: *Anne K Chinoda* (**ANNE K CHINODA**) 1/7/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #