2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N48249

1. Entity Name
PRIMA - CENTRAL FLORIDA CHAPTER, INC.



Principal Place of Business C/O FRANK CATAPANO 142 N FLORIDA AVENUE 142 N FLORIDA AVENUE DELAND, FL 32720 US Mailing Address 142 N FLORIDA AVENUE DELAND, FL 32720												
2. Principal Place of Business 3. M				Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				02072005	Chg-NP	CR2E03	7 (10/03)	
City & State			Cit	City & State				4. FEI Numbe 59-3218				plied For
Zip	Country				intry		5. Certificate of Status Desired S8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent								7. Name and	Address of Ne	w Registered A	lgent	
FRANK CATAPANO C/O VOLUSIA COUNTY						Name Changing disease //R O - Rev. All proper in New Assemble // Property and Control of the Co						
142 N FLORIDA AVENUE DELAND, FL 32720						Street Address (P.O. Box Number is Not Acceptable)						
						City			Zip Cod	e		
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 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 9. Election Camp Due by May 1, 2005 Trust Fund Col								e	Make check payable to Florida Department of State		
10.		OFFICERS AND D	IRECTORS		11.		A	ADDITIONS/CHA	ANGES TO OFF	ICERS AND DI	RECTORS IN	10
TITLE NAME STREET ADDRESS CITY+ST-ZIP	D CATAPANO, FRANK 142 N FLORIDA AVE			☐ Delete	E Et address -St-zip					☐ Change	☐ Addition	
TITLE	DELAND, FL 32720 PD			☐ Delete	-31-217				1	☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	BOLES, FLORA E 20 N MAIN STREET, ROOM 364 BROOKSVILLE, FL 34601					E . Et address -st-zip			1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
TITLE NAME STREET ADDRESS _CITY_ST_ZIP	VD FOSSON, FRED W 300 N PARK AVE SANFORD, FL 32772								OSUR	Judo .	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD HANNON, CHRISTINA 315 W. MAIN STREET TAVARES, FL 32778							, to	d lo	OF THE REAL PROPERTY.	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete				u Car	Jo to		☐ Change	Addition
TITLE NAME STREET ADDRESS				☐ Delete		E Et address					☐ Change	Addition
CITY-ST-ZIP	ertify that the	e information supplied wi	th this filing	does not qualify for		-ST-ZIP motion stat	ed in Se	ction 119.07(3)(i). Florida Statu	tes. I further cer	tify that the in	nformation

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.

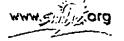
SIG	M	ΔT	11		F٠
210	13	~ 1	v	11	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Davume Phone #

FILED

Feb 21, 2005 8:00 am Secretary of State 02-21-2005 90074 025 ****61.25



AllACHMENT 26013876 Division of Corporations

Annual Report

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Division of Corporations

Annual Report

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Document Number

Business Entity Name

FEI Number

FEI Number Status

Certificate of Status Desired

Election Campaign Financing Trust Fund

Contribution

N48249

PRIMA - CENTRAL FLORIDA CHAPTER,

INC.

593218014

Current.

No

No

Principal Place of Business

Address

C/O FRED FOSSON

Suite, Apt. #, etc.

300 N PARK AVENUE

City, State

SANFORD, FL

Zip Code & Country 32772 US

Mailing Address

Address

300 N PARK AVENUE

Suite, Apt. #, etc.

City, State

SANFORD, FL

Zip Code & Country 32772

Name And Address of Registered Agent

RA Business Name -

CITY OF SANFORD

Address

142 N FLORIDA AVENUE

Suite, Apt. #, etc.

City, State

SANFORD, FL

Zip Code & Country

32772 US

Registered Agent Signature FRED FOSSON

Officer/Director Name And Address

Title

Name (Last, First, Middle, Title) CATAPANO, FRANK

142 N FLORIDA AVE

Street Address City, State

DELAND, FL

ATTACHMENT

Page 2 of 2

Zip Code & Country

32720 32

Title

DAL

Name (Last, First, Middle, Title)

BOLES, FLORA, E

Street Address

20 N MAIN STREET, ROOM 364

City, State

BROOKSVILLE, FL

Zip Code & Country

34601

Title

PRES

Name (Last, First, Middle, Title) FOSSON, FRED, W

300 N PARK AVE

Street Address

SANFORD, FL

City, State Zip Code & Country

Title

32772 .

VP

Name (Last, First, Middle, Title) HANNON, CHRISTINA

Street Address

315 W. MAIN STREET

City, State

TAVARES, FL

Zip.Code & Country.....

-32778. ----

Title

ST

Name (Last, First, Middle, Title) WHITFIELD, DANIEL

Street Address

1200 W SOUTH STREET ORLANDO, FL

City, State Zip Code & Country

32805

Title

VP

Officer/Director Signature CHRISTINA HANNON

Continue

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2/18/2005 Questia