## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N48249

FILED Mar 08, 2006 Secretary of State

Entity Name: PRIMA - CENTRAL FLORIDA CHAPTER, INC.

**Current Principal Place of Business: New Principal Place of Business:** C/O FRANK CATAPANO 142 N FLORIDA AVENUE DELAND, FL 32720 **Current Mailing Address: New Mailing Address:** 142 N FLORIDA AVENUE DELAND, FL 32720 FEI Number: 59-3218014 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FRANK CATAPANO C/O VOLUSIA COUNTY

142 N FLORIDA AVENUE DELAND, FL 32720

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:

City-St-Zip:

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

VERO BEACH, FL 32960 US

() Delete () Change () Addition CATAPANO, FRANK Name: Name: 142 N FLORIDA AVE Address:

Address: City-St-Zip: DELAND, FL 32720 32 City-St-Zip:

PD Title: () Delete Title: PD (X) Change ( ) Addition BOLES, FLORA E Name: FOSSON, FRED W Name:

Address: 20 N MAIN STREET, ROOM 364 Address: 300 N. PARK AVENUE City-St-Zip: BROOKSVILLE, FL 34601 City-St-Zip: SANFORD, FL 32771 US

Title: VD. () Delete Title: (X) Change ( ) Addition

FOSSON, FRED W WHITFIELD, DANIEL Name: Name: Address: 300 N PARK AVE Address: 1200 W. SOUTH ST City-St-Zip: SANFORD, FL 32772 City-St-Zip: ORLANDO, FL 32805 US

Title: TSD () Delete Title: TSD (X) Change ( ) Addition

Name: HANNON, CHRISTINA Name: JORDAN, ELIZABETH M **1840 25TH STREET** Address: 315 W. MAIN STREET Address: TAVARES, FL 32778

Title: Title: (X) Change ( ) Addition

() Delete WHITFIELD, DANIEL BOLES, FLORA E Name: Name:

1200 W. SOUTH STREET 20 N. MAIN STREET, ROOM 364 Address: Address: City-St-Zip: ORLANDO, FL 32805 City-St-Zip: BROOKSVILLE, FL 34601 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: ELIZABETH M. JORDAN TSD 03/08/2006