



**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 13, 2004 8:00 am**  
**Secretary of State**

02-13-2004 90002 009 \*\*\*\*61.25

<b>DOCUMENT # N50837</b>					
<b>1. Entity Name</b> WEDDING PROFESSIONALS OF CENTRAL FLORIDA, INC.					
<b>Principal Place of Business</b> 995 N. HWY 434, SUITE 2728 ALTAMONTE SPRINGS, FL 32714 US			<b>Mailing Address</b> 995 N. HWY 434, SUITE 2728 ALTAMONTE SPRINGS, FL 32714 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3150622	
				Applied For <input type="checkbox"/> Not Applicable	
				<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
TANCOTT, ROBERT 500 SR 436 SUITE 17 CASSELBERRY, FL 32707			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORNER, DOUG		NAME		
STREET ADDRESS	101 CHANNEL DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYONS, PATRICK		NAME	Melissa Bartley	
STREET ADDRESS	7956 VILLAGE GREEN RD		STREET ADDRESS	4209 Needle Palm Court	
CITY-ST-ZIP	ORLANDO, FL 32818		CITY-ST-ZIP	St Cloud FL 34772	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOSCHE, LOUISE		NAME		
STREET ADDRESS	110 VALLEY CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD, FL 32779		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRIPP, JO		NAME	Carol Barber	
STREET ADDRESS	360 SMITH STREET		STREET ADDRESS	2944 Summer Swan Drive	
CITY-ST-ZIP	OVIDO, FL 32765		CITY-ST-ZIP	Orlando FL 32825	
TITLE	PPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TANCOTT, BOB		NAME		
STREET ADDRESS	500 SR 436, SUITE 17		STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY, FL 32707		CITY-ST-ZIP		
TITLE	NLD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKISON, BILL		NAME		
STREET ADDRESS	4270 ALOMA AVE PMB SUITE 124-50B		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK, FL 32792		CITY-ST-ZIP		
<b>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 reports 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.</b>					
<b>SIGNATURE:</b> 			Doug Forner		2/10/04
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>

04000004



01172004 Chg-NP CR2E037 (10/03)

Attachment

2004 Not-For-Profit Corporation  
Annual Report

~~#P50837~~

54005292

Wedding Professionals of Central Florida  
FEI #59-3150622

Page Two

Fundraising/D  
Jerry Curran  
111 N. Longwood St, Ste 101  
Longwood FL 32750

Membership/D  
Holly Caviglia  
2667 Sabal Club Way  
Longwood FL 32779