

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90314 013 ****61.25

20039288



DOCUMENT # N50837			
1. Entity Name WEDDING PROFESSIONALS OF CENTRAL FLORIDA, INC.			
Principal Place of Business 995 N. HWY 434, SUITE 2728 ALTAMONTE SPRINGS, FL 32714 US		Mailing Address 995 N. HWY 434, SUITE 2728 ALTAMONTE SPRINGS, FL 32714 US	
2. Principal Place of Business c/o 2420 King Oak Ct Suite, Apt. #, etc.		3. Mailing Address PO Box 163238 Suite, Apt. #, etc.	
City & State St. Cloud FL 34769		City & State Altamonte Springs FL	
Zip 34769	Country Osceola	Zip 32716-3238	Country Seminole
4. FEI Number 59-3150622		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 TANCOTT, ROBERT 500 SR 436 SUITE 17 CASSELBERRY, FL 32707		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 reappointing) DATE</small>			
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	
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	PD FORNER, DOUG 101 CHANNEL DRIVE LAKE MARY, FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Bartley, Melissa 2420 King Oak Ct, St Cloud FL 34769 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BARTLEY, MELISSA 4209 NEEDLE PALM COURT SAINT CLOUD, FL 34772 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Medici, Ed 6649 Amory Ct, Ste 10, Winter Park, FL 32792 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BLOSCH, LOUISE 110 VALLEY CIRCLE LONGWOOD, FL 32779 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Interim T Rhonda Haberkamp PO Box 585842, Orlando FL 32858 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARBER, CAROL 2944 SUMMER SWAN DRIVE ORLANDO, FL 32825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Jo Tripp 360 Smith St, Oviedo FL 32765 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD TANCOTT, BOB 500 SR 436, SUITE 17 CASSELBERRY, FL 32707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD Forner, Doug 101 Channel Dr, Lake Mary FL 32746 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NLD PARKISON, BILL 4270 ALOMA AVE PMB SUITE 124-50B WINTER PARK, FL 32792 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Melissa Bartley</u>		Date: <u>4/15/05</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

ATTACHMENT

20039288

WEDDING PROFESSIONALS OF CENTRAL FLORIDA
FEI 59-3150622

#N50837

Additional Directors:

Director of Bridal Services

Bob Tancott
500 SR 436
Suite 17
Casselberry FL 32707

Director of Member Services

Elise Enloe
660 Neile Court
Oviedo FL 32765

Director at Large

Mark LeGrand
8250 Pocasset Place
Orlando FL 32827