

2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jun 01, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # N92000000903

1. Entity Name  
CENTRAL FLORIDA RESOURCE CONSERVATION AND  
DEVELOPMENT COUNCIL, INC.



Principal Place of Business

343 W CENTRAL AVE  
UNIT #1  
LAKE WALES, FL 33853

Mailing Address

343 W CENTRAL AVE  
UNIT #1  
LAKE WALES, FL 33853



02232004 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3174229

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

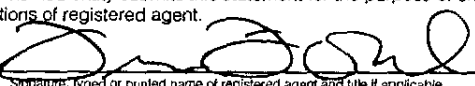
**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FORD, TIMOTHY  
5411 ST HELENA ROAD  
LAKE WALES, FL 32853

**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   
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, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
FORD, TOMOTHY D  
5411 ST HELENA ROAD  
LAKE WALES, FL 33853

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
FORD, ELIZABETH  
5411 ST. HELENA RD.  
LAKE WALES, FL 33853

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
FAZZINI, JOHN  
101 E. STUART AVE.  
LAKE WALES, FL 33853

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000161885  
06/01/04-80005-009 61.25

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IN THIS SPACE**

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   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #