


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N92000001031	
1. Entity Name FLORIDA DECA ASSOCIATION & FOUNDATION, INC.	

Principal Place of Business 632 BONVIEW LANE ALTAMONTE SPRINGS, FL 32714	Mailing Address 632 BONVIEW LANE ALTAMONTE SPRINGS, FL 32714
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number 23-7079474	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, THOMAS
1007 S. WASHINGTON
TITUSVILLE, FL 32780

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD KING, JIM P.O. BOX 735 MIMS, FL 32754
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TSD LEVENHAGEN, LYNORE 865 S. COUNTY RD. 427 LONGWOOD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD MIZELL, ARLEN 555 W. MARTIN ST. APOPKA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOLT, JERRY 1300 PALADIN WAY PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/10/05-80048-002 70.00

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: Lynore Levenhagen Lynore Levenhagen, Sec/Treas. 1/04/04 407-320-2275

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #