2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2004 8:00 am
Secretary of State
07-09-2004 90006 040 ****61.25

DOCUMENT # N94000001717

1. Entity Name
CENTRAL FLORIDA JOINT TRAINING ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2738 FORSTHY RD WINTER PARK, FL 32792 US	2738 FORSYTH RD WINTER PARK, FL 32792 US

07012004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
2900 W OAK RIDGE RD	2900 W. OAK RIDGE RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO, FL	City & State: ORLANDO, FL
Zip: 32809 Country: US	Zip: 32809 Country: US

4. FEI Number: 59-3363253 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NAGEL, JAMES E
2738 N FORSYTH RD
WINTER PARK, FL 32792

7. Name and Address of New Registered Agent

Name: NAGEL, JAMES E
Street Address (P.O. Box Number is Not Acceptable): 2900 W. OAK RIDGE RD
City: ORLANDO FL Zip Code: 32809

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: James E. Nagel 7-1-04
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 September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P WOHL, BRUCE C/O 3244 39TH ST. ORLANDO, FL 32811	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY / TREASURE COPPERSMITH, ROBERT 2103 W CASS ST TAMPA FL 33606	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T INGRAM, JAMES 4510 N ORANGE BL TRAIL ORLANDO, FL 32804	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T POSTON, GLENN P.O. BOX 22701 LAKE BUENA VISTA FL 32830	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HOULIHAN, JOHN 4700 DISTRIBUTION COURT ORLANDO, FL 32822	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KUFFERMANN, KURT 5810 1ST ST ORLANDO, FL 32824	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T EISS, BUD 829 MEANDER DR. S ALTAMONTE SPRINGS, FL 32714	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KIDD, LARRY 820 VIRGINIA AV. ORLANDO, FL 32803	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KOLB, ALAN 4700 DISTRIBUTION CT ORLANDO, FL 32822	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GARLINGTON, DAVID 2447 ORLANDO, CENTRAL PKWY ORLANDO, FL 32809	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: 7-6-04 407-291-2210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #