


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N94000001717</b>	
1. Entity Name <b>CENTRAL FLORIDA JOINT TRAINING ASSOCIATION, INC.</b>	

Principal Place of Business <b>2900 W. OAK RIDGE ROAD ORLANDO, FL 32809 US</b>	Mailing Address <b>2900 W. OAK RIDGE ROAD ORLANDO, FL 32809 US</b>
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**DO NOT WRITE IN THIS SPACE**



01062005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3363253</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

5. Name and Address of Current Registered Agent

**NAGEL, JAMES E  
2900 W. OAK RIDGE ROAD  
ORLANDO, FL 32809**

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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 \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOHL, BRUCE % 3244 39TH ST ORLANDO, FL 32811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T INGRAM, JAMES 4510 N ORANGE BL TRAIL ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOULIHAN, JOHN 4700 DISTRIBUTION COURT ORLANDO, FL 32822
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST COPPERSMITH, ROBERT 2103 W CASS ST TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T POSTON, GLENN PO BOX 22701 ORLANDO, FL 32830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GARLINGTON, DAVID 2447 ORLANDO, CENTRAL PKWY ORLANDO, FL 32809

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01/19/05-80066-023 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **JAMES E. NAGEL** 1-6-05 407-854-0744

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