

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002305

FILED
Jan 03, 2005
Secretary of State

Entity Name: CENTRAL FLORIDA ADMINISTRATORS COUNCIL, INC.

Current Principal Place of Business:

1181 ORANGE AVENUE
WINTER PARK, FL 32789 US

New Principal Place of Business:

685 PALM SPRINGS DRIVE
SUITE 2C
ALTAMONTE SPRINGS, FL 32701 US

Current Mailing Address:

1181 ORANGE AVENUE
WINTER PARK, FL 32789 US

New Mailing Address:

202 PEBBLE COURT
DELTONA, FL 32725 US

FEI Number: 59-3249240

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUIKART, MARK E
1181 ORANGE AVENUE
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

LUIKART, MARK E
202 PEBBLE COURT
DELTONA, FL 32725 US

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.

SIGNATURE:

01/03/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TODD, GINA
Address: 800 W. MORSE BLVD.
City-St-Zip: WINTER PARK, FL 32789

Title: VP (X) Delete
Name: OLIVER, ALLEN
Address: 345 W MICHIGAN ST #114
City-St-Zip: ORLANDO, FL 32806

Title: T () Delete
Name: LUIKART, MARK E
Address: 1181 ORANGE AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: S (X) Delete
Name: ZASTE, AMY
Address: 450 W CENTRAL PRKY #1100
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TODD, GINA
Address: 685 PALM SPRINGS DRIVE, SUITE 2C
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: LUIKART, MARK E
Address: 202 PEBBLE COURT
City-St-Zip: DELTONA, FL 32725

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK E LUIKART

ST

01/03/2005

Electronic Signature of Signing Officer or Director

Date