

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006038

FILED
May 01, 2009
Secretary of State

Entity Name: INTERNATIONAL SPECIAL EVENTS SOCIETY, CENTRAL FLORIDA CHAPTER, INC.

Current Principal Place of Business:

540 TIMBER RIDGE DRIVE
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

PO BOX 916096
LONGWOOD, FL 32791

New Mailing Address:

FEI Number: 59-3035880 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FERGUSON, SHELLEY
540 TIMBER RIDGE DRIVE
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: FERGUSON, SHELLEY
Address: PO BOX 916291
City-St-Zip: LONGWOOD, FL 32791

Title: VP () Delete
Name: LOGAN, CHRISTINE
Address: 5156 S ORANGE AVE
City-St-Zip: ORLANDO, FL 32809

Title: VP () Delete
Name: HICKS, J MICHAEL
Address: 2311 RIDGE AVENUE
City-St-Zip: ORLANDO, FL 32803

Title: VP () Delete
Name: WILSON, HEATHER CSEP
Address: 6220 S ORANGE BLOSSOM TRAIL, #186
City-St-Zip: ORLANDO, FL 32809

Title: VP () Delete
Name: EATON, DEREK
Address: 1819 KINGS AVENUE
City-St-Zip: JACKSONVILLE, FL 32207

Title: DIR () Delete
Name: DELGARDIO, ELISA CSEP
Address: 4767 NEW BROAD ST # 1014
City-St-Zip: ORLANDO, FL 32814

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PPRS (X) Change () Addition
Name: FERGUSON, SHELLEY
Address: PO BOX 916291
City-St-Zip: LONGWOOD, FL 32791

Title: PRES (X) Change () Addition
Name: LOGAN, CHRISTINE
Address: 5156 S ORANGE AVE
City-St-Zip: ORLANDO, FL 32809

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

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

Title: DIR (X) Change () Addition
Name: EATON, DEREK
Address: 1819 KINGS AVENUE
City-St-Zip: JACKSONVILLE, FL 32207

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SHELLEY FERGUSON

PPRS

05/01/2009

Electronic Signature of Signing Officer or Director

Date