

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001446

FILED
Apr 15, 2008
Secretary of State

Entity Name: CENTRAL FLORIDA CHAPTER OF THE SOCIETY OF COST ESTIMATING AND ANALYSIS, INC.

Current Principal Place of Business:

3671 HOLLYWOOD PLACE
OVIEDO, FL 32766 US

New Principal Place of Business:

Current Mailing Address:

3671 HOLLYWOOD PLACE
OVIEDO, FL 32766 US

New Mailing Address:

FEI Number: 59-3507278

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOYER, PAUL V ESQ.
815 ORIENTA AVE
SUITE G
ALTAMONTE SPRINGS, FL 32701 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: P () Delete
Name: CURRY, MARGARET E
Address: 833 HELM AVE, NW
City-St-Zip: PALM BAY, FL 32907

Title: VP () Delete
Name: EUZIERE, CARTER
Address: 600 MYRTLEWOOD WAY
City-St-Zip: MELBOURNE, FL 32940

Title: T () Delete
Name: SEAVERS, GREG
Address: 3671 HOLLYWOOD PLACE
City-St-Zip: OVIEDO, FL 32766

Title: S () Delete
Name: MCMILLIAN, TINA
Address: 833 OAK MANOR CIRCLE
City-St-Zip: ORLANDO, FL 32825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: GREG SEAVERS

T

04/15/2008

Electronic Signature of Signing Officer or Director

Date