

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90259 044 \*\*\*\*61.25

**DOCUMENT # N98000005117**

1. Entity Name

CLERMONT CHAPTER, SPEPSQSA, INC.



Principal Place of Business

11666 PURPLE LILAC CIR  
ORLANDO FL 32837

Mailing Address

P.O. BOX 701481  
SAINT CLOUD FL 34770-1481



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

2175 CAXTON AVE.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)

City & State

CLERMONT, FL

4. FEI Number

59-3492126

Applied For

Not Applicable

Zip

Country

Zip

34711

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

RICHARDSON, MICHAEL  
11666 PURPLE LILAC CIRCLE  
ORLANDO FL 32837

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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; Y

SIGNATURE MICHAEL RICHARDSON

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3-1-06

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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

TITLE VPD ☐ Delete  
NAME KEOWN, DOUGLAS  
STREET ADDRESS 9824 WATER TERR CIR  
CITY-ST-ZIP CLERMONT FL 34711

TITLE PD ☐ Delete  
NAME RICHARDSON, MICHAEL  
STREET ADDRESS 11666 PURPLE LILAC CIRCLE  
CITY-ST-ZIP ORLANDO FL 32837

TITLE TD ☐ Delete  
NAME BORTFIELD, ROBERT K  
STREET ADDRESS 137 GRANDE VALENCIA DR #105  
CITY-ST-ZIP ORLANDO FL 32825

TITLE SD ☐ Delete  
NAME CLOUD, DAVID  
STREET ADDRESS P.O. BOX 701481  
CITY-ST-ZIP SAINT CLOUD FL 34770-1481

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PRESIDENT/D ☒ Change ☐ Addition  
NAME DOUGLAS KEOWN  
STREET ADDRESS 9824 WATER TERR. CIR.  
CITY-ST-ZIP CLERMONT, FL 34711

TITLE VICE-PRESIDENT/D ☒ Change ☐ Addition  
NAME STEPHEN SANDIE  
STREET ADDRESS 1062 E. STATE RD. 50  
CITY-ST-ZIP CLERMONT, FL 34711

TITLE TREASURER/D ☒ Change ☐ Addition  
NAME ROGER SCHAFER  
STREET ADDRESS 2175 CAXTON AVE.  
CITY-ST-ZIP CLERMONT, FL 34711

TITLE SECRETARY/D ☒ Change ☐ Addition  
NAME JASON WARD  
STREET ADDRESS 2426 LEMONTABE LN.  
CITY-ST-ZIP ORLANDO, FL 32839

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Roger J. Schaffer ROGER J. SCHAFER

3-1-06

352-241-8624

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #