

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90015 043 ****61.25

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1. Entity Name

CLERMONT CHAPTER, SPEPSQSA, INC.



Principal Place of Business

11666 PURPLE LILAC CIR
ORLANDO FL 32837

Mailing Address

2175 CAXTON AVE
CLERMONT FL 34711



2. Principal Place of Business - No P.O. Box #

2175 CAXTON AVENUE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLERMONT, FL

City & State

Zip

Country

U.S.A.

Zip

34711

4. FEI Number

59-3492126

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

1st MOORE

CR2E037 (10/07)

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

ROGER SCHAFER

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

2175 CAXTON AVE.

City

CLERMONT

FL

Zip Code

34711

B. 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

Roger J. Schaffer

ROGER J. SCHAFER

3-4-08

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

(NOTE: Registered Agent signature is required when reappointing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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 P/D ☐ Delete
NAME KEOWN, DOUGLAS
STREET ADDRESS 9824 WATER TERR CIR
CITY-ST-ZIP CLERMONT FL 34711

TITLE VD ☐ Delete
NAME DENNIS, DONALD
STREET ADDRESS 8000 BRIDGESTONE DRIVE
CITY-ST-ZIP ORLANDO FL 32835

TITLE TD ☐ Delete
NAME SCHAFER, ROGER
STREET ADDRESS 2175 CAXTON AVE
CITY-ST-ZIP CLERMONT FL 34711

TITLE SD ☒ Delete
NAME DELORENZO, LAWRENCE
STREET ADDRESS 3546 HUNTSVILLE LANE
CITY-ST-ZIP LEESBURG FL 34747

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

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

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

TITLE ☐ Change ☐ Addition
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NAME
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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

3-4-08

352-241-8624