

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90058 039 ****61.25

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DOCUMENT # N98000005724

1. Corporation Name

CENTRAL FLORIDA CHAPTER OF AMERICAN SOCIETY OF HOME INSPECTORS, INC.

Principal Place of Business

**9282 LAKE SHARE COURT
ORLANDO FL 32517**

Mailing Address

**9282 LAKE SHARE COURT
ORLANDO FL 32517**



2. Principal Place of Business

21 Wanda Classe

2a. Mailing Address

26 Wanda Classe

3. Date Incorporated or Qualified

10/07/1998

Suite, Apt. #, etc.

22 3319 Maquire Blvd #155

Suite, Apt. #, etc.

27 3319 Maquire Blvd #155

4. FEI Number

59-3536419

Applied For

Not Applicable

City & State

23 Orlando, FL

City & State

28 Orlando, FL

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

Zip

24 32803

Country

25 USA

Zip

29 32803

Country

30 USA

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME EDER, KELVIN L
STREET ADDRESS 9282 LAKE SHARE COURT
CITY-ST-ZIP ORLANDO FL 32517
☐ DELETE

TITLE STD
NAME NELSON, JOHN
STREET ADDRESS 9282 LAKE SHARE COURT
CITY-ST-ZIP ORLANDO FL 32517
☐ DELETE

TITLE D
NAME MURPHY, JAMES A
STREET ADDRESS 9282 LAKE SHARE COURT
CITY-ST-ZIP ORLANDO FL 32517
☐ DELETE

TITLE D
NAME GOLDBERG, HENRY
STREET ADDRESS 9282 LAKE SHARE COURT
CITY-ST-ZIP ORLANDO FL 32517
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or consolidated annual 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 12 or Block 13, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John Nelson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-99

(407) 644-3758

Daytime Phone #

CR2E037 (11/98)