

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005714

FILED
Aug 26, 2005
Secretary of State

Entity Name: CENTRAL FLORIDA PHARMACY ASSOCIATION CORP.

Current Principal Place of Business:

5703 RED BUG LK RD
PMB 281
WINTER SPRINGS, FL 32708 US

New Principal Place of Business:

PO BOX 941004
MAITLAND, FL 327941004 US

Current Mailing Address:

5703 RED BUG LK RD
PMB 281
WINTER SPRINGS, FL 32708 US

New Mailing Address:

PO BOX 941004
MAITLAND, FL 327941004 US

FEI Number: 59-3601615 **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:

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22ND STREET
4TH FLOOR
MIAMI, FL 33145 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: PD () Delete
Name: WARTSKI, DONNA
Address: 871 COOL SPRINGS CIRCLE
City-St-Zip: OCOEE, FL 34761 US

Title: SD (X) Delete
Name: LAVEN, DAVID
Address: 871 COOL SPRINGS CIRCLE
City-St-Zip: OCOEE, FL 34761 US

Title: TD (X) Delete
Name: PRICE, ELIZABETH
Address: 871 COOL SPRINGS CIRCLE
City-St-Zip: OCOEE, FL 34761 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MCNEESE, ALICE
Address: PO BOX 941004
City-St-Zip: MAITLAND, FL 327941004 US

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 for the exemption stated in Section 119.07(3)(i), 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: ALICE MCNEESE

PD

08/26/2005

Electronic Signature of Signing Officer or Director

Date