


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # N99000005931	
1. Entity Name SOCIETY FOR INFORMATION MANAGEMENT, CENTRAL FLORIDA CHAPTER, INC.	

Principal Place of Business P.O. BOX 620662 OMIEDO, FL 32762	Mailing Address P.O. BOX 620662 OMIEDO, FL 32762-0662
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01202007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0963650	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RICHARD, VISNOV 704 CANADICE LANE WINTER SPRINGS, FL 32708	
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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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MOORE, HUGH J 632 LONGMEADOW VIRCLE LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WING, WILLIAM A 203 PHILLIPS PLACE ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CALABRESE, JEANNIE 6545 CORPORATE CENTER BLVD ORLANDO, FL 32822
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T VISNOV, RICH 704 CANDICE LANE WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WARD, TOM 8649 SUMMERVILLE PL ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SICKLES, RICK 13348 LAKE TURNBERRY CIRCLE ORLANDO, FL 32828

U000000606684
01/31/07-80007-006 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Richard A. Visnov **1-20-07 407-359-0478**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #