

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2008 08:00 A
Secretary of State

DOCUMENT # N99000005931

1. Entity Name
**SOCIETY FOR INFORMATION MANAGEMENT, CENTRAL
FLORIDA CHAPTER, INC.**



Principal Place of Business

**P.O. BOX 620662
OVIEDO, FL 32762**

Mailing Address

**P.O. BOX 620662
OVIEDO, FL 32762-0662**



01132008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0963650

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RICHARD, VISNOV
704 CANADICE LANE
WINTER SPRINGS, FL 32708**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when renewing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MOORE, HUGH J
STREET ADDRESS	632 LONGMEADOW VIRCLE
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	D
NAME	WING, WILLIAM A
STREET ADDRESS	203 PHILLIPS PLACE
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	D
NAME	CALABRESE, JEANNIE
STREET ADDRESS	6545 CORPORATE CENTER BLVD
CITY-ST-ZIP	ORLANDO, FL 32822
TITLE	T
NAME	VISNOV, RICH
STREET ADDRESS	704 CANDICE LANE
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	S
NAME	WARD, TOM
STREET ADDRESS	8649 SUMMERVILLE PL
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	V
NAME	SICKLES, RICK
STREET ADDRESS	13348 LAKE TURNBERRY CIRCLE
CITY-ST-ZIP	ORLANDO, FL 32828

000000786681
01/17/08-80051-006 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-13-2008 407-736-2296