## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000005931

Apr 22, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

P.O BOX 620662 118 FAIRWAY POINT CIRCLE OVIEDO, FL 32762 ORLANDO, FL 32828 US

Current Mailing Address: New Mailing Address:

P.O. BOX 620662 PO BOX 121441

OVIEDO, FL 327620662 CLERMONT, FL 34712 US

FEI Number: 65-0963650 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RICHARD, VISNOV 704 CANADICE LANE

WINTER SPRINGS, FL 32708 US

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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 ( ) Delete
 Title:
 D
 (X) Change ( ) Addition

 Name:
 MOORE, HUGH J

 Name:
 MOORE, HUGH J

Address: 632 LONGMEADOW VIRCLE Address: 2655 AMAYA TERRACE
City-St-Zip: LONGWOOD, FL 32779 City-St-Zip: LAKE MARY, FL 32746 US

Title: D ( ) Delete Title: P (X) Change ( ) Addition Name: WING, WILLIAM A Name: NASSIFF, EDWIN

 Address:
 203 PHILLIPS PLACE
 Address:
 118 FAIRWAY POINT CIRCLE

 City-St-Zip:
 ORLANDO, FL 32806
 City-St-Zip:
 ORLANDO, FL 32828 US

Title: D ( ) Delete Title: S (X) Change ( ) Addition Name: CALABRESE, JEANNIE Name: DEKLE, JIM

Address: 6545 CORPORATE CENTER BLVD Address: 1391 SAWGRASS CT

City-St-Zip: ORLANDO, FL 32822 City-St-Zip: WINTER PARK, FL 32792 US

Title: T ( ) Delete Title: D (X) Change ( ) Addition Name: VISNOV, RICH Name: VISNOV, RICH

Address: 704 CANADICE LANE Address: 704 CANADICE LANE

City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip: WINTER SPRINGS, FL 32708 US

 $\label{eq:title:solution} \mbox{Title:} \qquad \mbox{S} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{D} \qquad \mbox{(X) Change () Addition}$ 

 Name:
 WARD, TOM
 Name:
 MAHONEY, MOLLY

 Address:
 8649 SUMMERVILLE PL
 Address:
 2411 LAKE SHORE DRIVE

 City-St-Zip:
 ORLANDO, FL 32819
 City-St-Zip:
 ORLANDO, FL 32803 US

 Name:
 SICKLES, RICK
 Name:
 RADER, TODD

 Address:
 13348 LAKE TURNBERRY CIRCLE
 Address:
 2501 NORFOLK ROAD

 City-St-Zip:
 ORLANDO, FL 32828
 City-St-Zip:
 ORLANDO, FL 32803

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: RICHARD A. VISNOV DIR 04/22/2009