

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005931

FILED
Mar 13, 2012
Secretary of State

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

Current Principal Place of Business:

12811 AMBER AVE.
CLERMONT, FL 34711 US

New Principal Place of Business:

4244 LILLIAN HALL LANE
ORLANDO, FL 32812 US

Current Mailing Address:

PO BOX 121441
CLERMONT, FL 34712 US

New Mailing Address:

PO BOX 950794
LAKE MARY, FL 32795 US

FEI Number: 65-0963650

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALFEE, DAVID E
12811 AMBER AVE.
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

LOFTIN, CRAIG R
4244 LILLIAN HALL LANE
ORLANDO, FL 32812 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: CRAIG R. LOFTIN

03/13/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: RADER, TODD
Address: 2501 NORFOLK ROAD
City-St-Zip: ORLANDO, FL 32803 US

Title: VP
Name: MAHONEY, MOLLY
Address: 2411 LAKE SHORE DRIVE
City-St-Zip: ORLANDO, FL 32803 US

Title: SECY
Name: LOFTIN, CRAIG R
Address: 4244 LILLIAN HALL LANE
City-St-Zip: ORLANDO, FL 32812 US

Title: TRES
Name: COINTEPOIX, NORBERT
Address: P.O. BOX 950794
City-St-Zip: LAKE MARY, FL 32795 US

I hereby 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 all other like empowered.

SIGNATURE: CRAIG R. LOFTIN

SECY

03/13/2012

Electronic Signature of Signing Officer or Director

Date