

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90282 007 ***150.00

DOCUMENT # P01000101700

1. Entity Name

NAEBA REFERRAL SERVICE CORPORATION



Principal Place of Business

407 WEKIVA SPRINGS RD
SUITE 241
LONGWOOD FL 32779

Mailing Address

407 WEKIVA SPRINGS RD
SUITE 241
LONGWOOD FL 32779

2. Principal Place of Business

541 S. Orlando Ave. - #300
Suite, Apt. #, etc.

3. Mailing Address

541 S. Orlando Ave. - #300
Suite, Apt. #, etc.

Maitland, FL

City & State

Maitland, FL

City & State

Maitland, FL

Zip

32751

Country

USA

Zip

32751

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

59-3750067

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ASSOCIATION MANAGEMENT NETWORK, INC.
407 WEKIVA SPRINGS RD # 241
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name Thomas Wemett

Street Address (P.O. Box Number is Not Acceptable)

541 S. Orlando Ave. - #300

City

Maitland

FL

Zip Code

32751

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 Thomas Wemett / President

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

(NOTE: Registered Agent signature required when reinstating)

4/28/04

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ~~Vice President~~ ☐ Delete

NAME LABRANCHE, KEL E
STREET ADDRESS PO BOX 2131
CITY-ST-ZIP VERO BEACH FL 32961

TITLE President ☐ Delete

NAME Wemett, Thomas W
STREET ADDRESS PO Box 20138
CITY-ST-ZIP Rochester, NY 14602

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Vice President ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE President ☐ Change ☒ Addition

NAME Wemett, Thomas
STREET ADDRESS PO Box 20138
CITY-ST-ZIP Rochester, NY 14602

TITLE Treasurer ☐ Change ☒ Addition

NAME Margaret B. Davis
STREET ADDRESS 228 N. Lynnhaven Rd., Suite 108
CITY-ST-ZIP Virginia Beach, VA 23452

TITLE Secretary ☐ Change ☒ Addition

NAME Susan Weinstein
STREET ADDRESS 2712 San Marin Ln.
CITY-ST-ZIP Sacramento, CA 95835

TITLE BOB member ☐ Change ☒ Addition

NAME Barry Miller
STREET ADDRESS 9101 E. Kenyon Ave., Suite 2300
CITY-ST-ZIP Denver, CO 80237-1854

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 607, 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: Thomas Wemett / President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04
Date

585-461-4610
Daytime Phone #