2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 05, 2005 8:00 am Secretary of State

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DOCUMENT # N0200001563 1. Entity Name CALIFORNIA CHAPTER OF THE AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS, INC.					C.				04-05-20	05 90052	008 ****6	1.25
Principal Place of Business 1000 RIVERSIDE AVE. JACKSONVILLE, FL 32204		Mailing Address 1000 RIVERSIDE AVE. JACKSONVILLE, FL 32204					BB 1(B 1 B 1) FB (1) FB (1)	11 SPI11 SPIN STIS				
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					03242005	Chg-NP	CR2E	037 (10/03)	
City & State			С	City & State			,	4. FEI Numbe 01-067			 	pplied For ot Applicable
Zip Country			:	Zip C			5. Certificate of Status Desired See Require					
	6. Name	and Address of Current	Register	ed Agent				7. Name and	Address of Ne	w Registere	d Agent	
JONES, DONALD C 1000 RIVERSIDE AVE. 205 JACKSONVILLE, FL 32204					Name Street Address (P.O. Box Number is Not Acceptable)							
JACKSON	VILLE, PL	32204		. Ci						F	L Zip Cod	le
8. The above the obligati	named entity ions of regist	y submits this statement for ered agent.	or the purp	oose of changing its	register	ed office o	or register	ed agent, or bo	h, in the State o	of Florida. I ar	m familiar with,	and accept
4 44												
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if ap	plicable. (NOTE	: Registere	d Agent signa	ture required	when reinstating)		DATE		
	Filing Fe	e is \$61.25 lay 1, 2005		9. Election Can Trust Fund C	npaign F	inancing	ture required	\$5.00 May B Added to Fees	e	Make che	ck payable t	
	Filing Fe Due by N	e is \$61.25		9. Election Can Trust Fund C	npaign F	inancing		\$5.00 May B		Make che Florida Dep	ck payable t artment of S	tate
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12. I hereby certify that the information supplied with this filling 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 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:

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/05 (904) 35-3-7878