


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

**FILED**  
**Jul 15, 2008 8:00 am**  
**Secretary of State**

07-15-2008 90061 002 \*\*\*\*61.25

**DOCUMENT # N06000003603**  
 1. Entity Name  
 CENTRAL FLORIDA REAL ESTATE COUNCIL, INC.



Principal Place of Business  
 369 NORTH NEW YORK SUITE 300  
 WINTER PARK, FL 32789

Mailing Address  
 369 NORTH NEW YORK SUITE 300  
 WINTER PARK, FL 32789

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

4. FEI Number  
 20-4679632

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, FREDERICK W  
 369 NORTH NEW YDRK SUITE 300  
 WINTER PARK, FL 32789

40110999



07072008 Chg-NP CR2E037 (12/06)

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

**10. OFFICERS AND DIRECTORS** **11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete D COOPER, HENRY M 369 NORTH NEW YORK SUITE 300 WINTER PARK, FL 32789	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Cooper, Henry M 2601 Technology Dr. Orlando, FL 32804-8012
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D GASTON, JOYCE S 369 NORTH NEW YORK SUITE 300 WINTER PARK, FL 32789	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Gaston, Joyce S 5401 South Kirkman Road, Suite 310 Orlando, FL 32819
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D GLAVIN, GRACE ANNE 369 NORTH NEW YORK SUITE 300 WINTER PARK, FL 32789	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Glavin, Grace Anne 1340 Tuskawilla Rd., Suite 106 Winter Springs, FL 32708-5030
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D JONES, FREDERICK W 369 NORTH NEW YORK SUITE 300 WINTER PARK, FL 32789	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** *Frederick W Jones* **7/9/08** **407/647-4455**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #