2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2009
Secretary of State

DOCUMENT# N06000009494

Entity Name: CORNWALL COLLEGE OLD BOY'S ASSOCIATION OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

13905 BRUCE B. DOWNS BLVD., SUITE B
TAMPA, FL 33613

New Principal Place of Business:

13905 BRUCE B. DOWNS BLVD.
STE. B
TAMPA, FL 33613

Current Mailing Address:

13905 BRUCE B. DOWNS BLVD., SUITE B
TAMPA, FL 33613

New Mailing Address:

13905 BRUCE B. DOWNS BLVD.
STE. B
TAMPA, FL 33613

FEI Number: 20-5623865 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

AIRD, CECIL C M.D.
13905 BRUCE B. DOWNS BLVD., SUITE B
TAMPA, FL 33613 US

Name and Address of New Registered Agent:

AIRD, CECIL C M.D.
13905 BRUCE B. DOWNS BLVD.
STE. B
TAMPA, FL 33613 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: CECIL C AIRD, MD 06/23/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: AIRD, CECIL C MD
Address: 13905 BRUCE B. DOWNS BLVD., SUITE B
City-St-Zip: TAMPA, FL 33613

Title: V ( ) Delete
Name: MCGANN, ALBERT MD
Address: 13905 BRUCE B. DOWNS BLVD., SUITE B
City-St-Zip: TAMPA, FL 33613

Title: ST ( ) Delete
Name: CLARK, WAYNE
Address: 5008 BEECHCRAFT WAY
City-St-Zip: SEFFNER, FL 33584

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: CECIL C AIRD, MD P 06/23/2009
Electronic Signature of Signing Officer or Director Date