

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 16, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90054 032 \*\*\*\*70.00

**DOCUMENT # N92000000325**

1. Entity Name

CENTRAL FLORIDA GLIDERS, INC.



Principal Place of Business

931 STATE RD 434  
SUITE 1201-319  
ALTAMONTE SPRINGS FL 32714

Mailing Address

931 STATE RD 434  
SUITE 1201-319  
ALTAMONTE SPRINGS FL 32714

34010000



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3157281

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WISE, CRAIG D  
931 STATE RD 434  
SUITE 1201-319  
ALTAMONTE SPRINGS FL 32714

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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 ED ☐ Delete  
NAME WISE, CRAIG D  
STREET ADDRESS 1001 WOODALL DR  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE BROWN, SHIRL ☐ Delete  
NAME  
STREET ADDRESS 1552 MARGATE CRESCENT DRIVE  
CITY-ST-ZIP ORLANDO FL 32822

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE JACKSON, TIM ☐ Delete  
NAME  
STREET ADDRESS 1397 S RIDGELAKE CIRCLE  
CITY-ST-ZIP LONGWOOD FL 32750

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TRUCHELUT, GENE ☐ Delete  
NAME  
STREET ADDRESS 3524 SEAFORD LANE  
CITY-ST-ZIP CASTLEBERRY FL 32707

TITLE SECRETARY ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PEREIRA, LUIS ☐ Delete  
NAME  
STREET ADDRESS 9437 BELMONT TERRACE  
CITY-ST-ZIP OVEIDO FL 32765

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE WILLIAMS, ROLAND ☐ Delete  
NAME  
STREET ADDRESS 524-204 VIA VERONA LANE  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE EXECUTIVE APPOINTEE ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRAIG D. WISE

1/30/04

407-682-1368