

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 19, 2006 08:00 AM**  
**Secretary of State**

**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**



01132006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

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

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**EA  
WILLIAMS, ROLAND  
1 MCARTHUR LANE  
ELKTON, MD 21921**

11000000390812  
01/24/06-80015-005 70.00

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IN THIS SPACE**

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 my address, with full power to be empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Craig D. Wise* **CRAIG D. WISE**

*1/13/06* **1/13/06 407-682-1368**  
Date Daytime Phone #