

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000325

FILED
Jan 21, 2009
Secretary of State

Entity Name: CENTRAL FLORIDA GLIDERS, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

FEI Number: 59-3157281

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ED () Delete
Name: WISE, CRAIG D
Address: 1001 WOODALL DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VP () Delete
Name: ROBINSON, MARK
Address: 681 OAK HOLLOW WAY
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D () Delete
Name: JACKSON, TIM
Address: 1397 S RIDGELAKE CIRCLE
City-St-Zip: LONGWOOD, FL 32750

Title: S () Delete
Name: TRUCHELUT, GENE
Address: 3524 SEAFORD LANE
City-St-Zip: CASTLEBERRY, FL 32707

Title: T () Delete
Name: PEREIRA, LUIS
Address: 9437 BELMONT TERRACE
City-St-Zip: OVEIDO, FL 32765

Title: EA () Delete
Name: WILLIAMS, ROLAND
Address: 1 MCARTHUR LANE
City-St-Zip: ELKTON, MD 21921

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:

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: CRAIG D. WISE

ED

01/21/2009

Electronic Signature of Signing Officer or Director

Date