## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000002312

FILED Apr 03, 2008 Secretary of State

Entity Name: COMMUNITY FOUNDATION OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:			New Prince	New Principal Place of Business:	
	EWATER DR	IVE			
STE 203 ORLANDO	D, FL 32804	US			
Current Mailing Address:			New Maili	New Mailing Address:	
P.O. BOX ORLANDO	2071 ), FL 32802	US			
FEI Number:	: 59-3182886	FEI Number Applied For()	FEI Number Not App	licable ( ) Certificate of Status Desired ( )	
Name and	Address of	Current Registered Agent:	Name and	Address of New Registered Agent:	
STE 203 ORLANDO The above	EWATER DR ), FL 32804 (	JS	ne purpose of changing i	its registered office or registered agent, or both,	
SIGNATU					
Electronic Signature of Registered Agent				Date	
OFFICER	S AND DIREC	CTORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTOR	
Fitle: Name: Address: City-St-Zip:	ALLEN, SUZIE	ATER DRIVE, SUITE 203	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Fitle: Name: Address: City-St-Zip:	BAETY, JONA	ATER DRIVE, SUITE 203	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Fitle: Name: Address: City-St-Zip:	AGGARWAL, I	ATER DRIVE, SUITE 203	Title: Name: Address: City-St-Zip:	VD (X) Change ( ) Addition TIMBERLAKE, EDMUND C 1411 EDGEWATER DRIVE, SUITE 203 ORLANDO, FL 32804	
Fitle: Name: Address: City-St-Zip:	BREWER, MA	ATER DR STE 203	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Fitle: Name: Address: City-St-Zip:	VD ( TIMBERLAKE, 1411 EDGEW ORLANDO, FL	ATER DRIVE	Title: Name: Address: City-St-Zip:	VD (X) Change ( ) Addition SABOOR, JOHN 1411 EDGEWATER DRIVE ORLANDO, FL 32804	

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: MARK BREWER PD 04/03/2008