


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90100 010 ****70.00

DOCUMENT # N94000000864					
1. Entity Name CENTRAL FLORIDA BUSINESS TRAVEL ASSOCIATION, INC.					
Principal Place of Business 3208C E. COLONIAL DR SUITE 293 PMB 293 ORLANDO, FL 32803 US		Mailing Address 3208C E. COLONIAL DR SUITE 293 PMB 293 ORLANDO, FL 32803 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ANDRY, STEPHANIE 3208 C EAST COLONIAL DRIVE 293 ORLANDO, FL 32803			Name <u>Natalie Fore</u> Street Address (P.O. Box Numbers Not Acceptable) <u>3208 C East Colonial Drive</u> <u>293</u> City <u>Orlando</u> FL Zip Code <u>32803</u>		
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 <u>Natalie Fore</u>			DATE <u>3/9/07</u>		
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, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PRES	<input checked="" type="checkbox"/> Delete	TITLE	Pres	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEQUIER, MARION		NAME	Fore, Natalie	
STREET ADDRESS	285 INTERNATIONAL PARKWAY		STREET ADDRESS	501 West Church St.	
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP	Orlando FL 32805	
TITLE	VPIA	<input checked="" type="checkbox"/> Delete	TITLE	VPAA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRILCHAK, DEBORAH		NAME	Behnke, Sue	
STREET ADDRESS	8600 HANGAR BOULEVARD		STREET ADDRESS	5500 Hazelton National Drive	
CITY-ST-ZIP	ORLANDO, FL 32822		CITY-ST-ZIP	Orlando FL 32812	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FORE, NATALIE		NAME	Straub, Mary	
STREET ADDRESS	ONE HUGHES WAY		STREET ADDRESS	4400 Arapaya Trail MS AL-44	
CITY-ST-ZIP	ORLANDO, FL 32805		CITY-ST-ZIP	Orlando FL 32826	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KLEIN, LISA		NAME	LeQuier, marion	
STREET ADDRESS	7499 AUGUSTA NATIONAL DR.		STREET ADDRESS	285 International PKwy	
CITY-ST-ZIP	ORLANDO, FL 32822		CITY-ST-ZIP	Lake Mary, FL 32746	
TITLE	PP	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDRY, STEPHANIE		NAME	Behal, Flo	
STREET ADDRESS	270 DOUGLAS AVE		STREET ADDRESS	605 Crescent Executive Court	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714		CITY-ST-ZIP	Suite 600 Lake Mary FL 32746	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 an address, with all other like empowered.					
SIGNATURE: <u>Natalie Fore</u>			Date <u>3/9/07</u> Daytime Phone # <u>407 822 2950</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		