

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700379

FILED
Apr 24, 2009
Secretary of State

Entity Name: CENTRAL FLORIDA COIN CLUB INC

Current Principal Place of Business:

MARK ST SENIOR CENTER
99 E MARK STREET
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

P.O BOX 568061
ORLANDO, FL 32856

New Mailing Address:

FEI Number: 59-1637087

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOON, DONNA
3242 RIDER PL
ORLANDO, FL 32817 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: D () Delete
Name: NEW, JOHN
Address: 14205 E COLONIAL RD
City-St-Zip: ORLANDO, FL 32826

Title: D () Delete
Name: RUSSELL, ROBERT
Address: 1978 CHANTILLY AVE
City-St-Zip: WINTER PARK, FL 32789

Title: TD () Delete
Name: MOON, DONNA
Address: 3242 RIDER PLACE
City-St-Zip: ORLANDO, FL 32817

Title: SD () Delete
Name: BARTON, NANCY
Address: 1122 LAKE BISCAYNE WAY
City-St-Zip: ORLANDO, FL 32824

Title: D () Delete
Name: SELLARDS, JACK
Address: P.O. BOX 1056
City-St-Zip: APOPKA, FL 32704

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RUSSELL, ROBERT
Address: 1978 CHANTILLY AVE
City-St-Zip: WINTER PARK, FL 32789

Title: VP (X) Change () Addition
Name: NEFF, BJ
Address: 321 KINGSLAKE DR
City-St-Zip: DEBARY, FL 32713

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: AIDIF, DAN
Address: PO BOX 1935
City-St-Zip: ORLANDO, FL 32802

Title: D () Change (X) Addition
Name: MIX, DON
Address: 132 SPRINGHURST CIRCLE
City-St-Zip: LAKE MARY, FL 32746

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: DONNA MOON

TD

04/24/2009

Electronic Signature of Signing Officer or Director

Date