2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State
03-03-2006 90102 034 ****61.25

DOCUMENT # 701238

1. Entity Name
BOYS & GIRLS CLUBS OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
801 NORTH MAGNOLIA AVENUE SUITE 305 ORLANDO, FL 32803 US	P.O. BOX 2987 ORLANDO, FL 32802 US

02242006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-0951887 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CAIN, GARY W. 801 NORTH MAGNOLIA AVE. #305 ORLANDO, FL 32803	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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: Gary W. Cain GARY W. CAIN, PRESIDENT
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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD APPEL, STEVE 111 N. ORANGE AVE., SUITE 404 ORLANDO, FL 32801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ~~MARK~~ SHAMLEY, MARK 14901 S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32837	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RUOFF, STEVE 2200 LUCIEN WAY, SUITE 350 MAITLAND, FL 32751	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KALTBAUM, GARY 201 S. ORANGE AVE., SUITE 1017 ORLANDO, FL 32801	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HATCHER, MARION III 720 RUGBY ST., SUITE 100 ORLANDO, FL 32804	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HATCHER, MARION III 720 RUGBY ST., SUITE 160 ORLANDO, FL 32804	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD VERMILLION, MARSHALL E 800 N. MAGNOLIA AVENUE ORLANDO, FL 32803	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD VERMILLION, MARSHALL E. 800 N. MAGNOLIA AVE. ORLANDO, FL 32803	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CAIN, GARY W 801 N. MAGNOLIA AVENUE, SUITE 305 ORLANDO, FL 32803	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD EISERMAN, LES 1400 WEST FAIRBANKS SUITE 102 WINTER PARK, FL 32789	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EISERMAN, LES 1400-W. FAIRBANKS AVE., SUITE 102 WINTER PARK, FL 32789	☒ Change ☐ Addition

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: Gary W. Cain GARY W. CAIN 407-841-6855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #