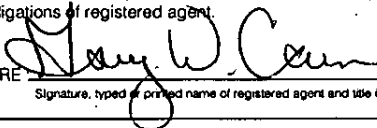
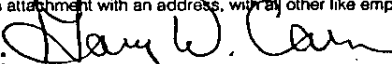


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 801 NORTH MAGNOLIA AVENUE SUITE 305 ORLANDO, FL 32803 US			Mailing Address P.O. BOX 2987 ORLANDO, FL 32802 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
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:  Signature, typed or printed name of registered agent and title if applicable GARY W. CAIN, PRESIDENT (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 100 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		Date 401-841-6855 Daytime Phone #	