## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT #703605** 



## **FILED** Mar 03, 2008 8:00 am Secretary of State

| 1. Entity Nam<br>CENTRA   | L FLORIDA AUTO DEALEF  | RS ASSOCIATION, IN                                 | c.   |   | 03-03-2008   | 90184 023  | ****61                                  | .25                               |  |
|---|--|--|--|---|--|--|---|-----------------------------------|--|
| Principal Place of Business  ###WELDON BLVD. SANFORD, FL 32773  |  | Mailing Address -19-WELDON BLVD. SANFORD, FL 32773 |  |   |  |  |   |                                   |  |
| 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 100 Weldon Blud 100 We  |  |  | on Bluc  |   |  |  |   |                                   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.                                |  | 0227200   | Chg-NP   | CR2E037 (  | (12/06)                                 |                                   |  |
| City & State  |  | City & State                                       |  |   | 4. FEI Number Applied For 59-1111836 Not Applied by Applied For Not Applicable Service Applied For Service Ser |  |   | ·                                 |  |
| Zīp   | Country  | Zip  | Country  | 5. Certifica  | ite of Status Desired  |  | 3.75 Add<br>e Require                   |                                   |  |
|   | 6. Name and Address of Current   | Registered Agent                                   |  | 7. Name a   | nd Address of New I  | Registered Age   | ent                                     |                                   |  |
| WOHLUST, G. CHARLES   |  |  | Name   | Name  |  |  |   |                                   |  |
| 341 N. MAITLAND AVENUE<br>SUITE 346   |  |  | Street A   | Street Address (P.O. Box Number is Not Acceptable)  |  |  |   |                                   |  |
| MAITLAN   | D, FL 32751  |  |  |   |  |  |   |                                   |  |
|   |  |  | City   |   |  | FL   | Zip Code                                | θ.                                |  |
| 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, typod or printed name of registered egent   | and title if applicable. (NOTE:                    | Registered Agent signets   | #8 (ACL sized when reinstation)   |  | DATE   |   | <del></del> ·                     |  |
|   | •  |  |  | ,   |  |  |   | į                                 |  |
|   | Filing Fee Is \$61.25<br>Due by May 1, 2008  | 9. Election Cam<br>Trust Fund Co                   | paign Financing  | \$5.00 May  |  | ilake check partme   | •                                       |                                   |  |
| 10.   | Due by May 1, 2008<br>OFFICERS AND DI  | 9. Election Cam<br>Trust Fund Co                   | paign Financing  | S5.00 Mar<br>Added to Fe  |  | ilake check partme   | ent of St                               | ate                               |  |
| TITLE   | OFFICERS AND DI  | 9. Election Cam<br>Trust Fund Co                   | paign Financing ontribution.   | S5.00 May<br>Added to Fe  | CHANGES TO OFFICE  | ilake check pr<br>rida Departme  | ent of St                               | ate                               |  |
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| TITLE<br>NAME   | OFFICERS AND DIE<br>M<br>MILLER, BARBARA A   | 9. Election Cam<br>Trust Fund Co                   | paign Financing ontribution.  11.  IIILE NAME  | \$5.00 Mar<br>Added to Fe<br>ADDITIONS/O<br>D<br>Chavara<br>125 E. W  | CHANGES TO OFFICE  | dake check parida Departme   | ent of St                               | ate<br>10                         |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | OFFICERS AND DIE<br>M<br>MILLER, BARBARA A<br>100 WELDON BLVD<br>SANFORD, FL 32773   | 9. Election Cam<br>Trust Fund Co                   | paign Financing ontribution.  11.  IIILE NAME STREET ADDRESS CITY-SI-ZIP   | \$5.00 Man Added to Fe ADDITIONS/O  Chavara  125 E. W. WINTER PO  | HANGES TO OFFICE  TOE  E'BSTER A  ARK FL 3   | Idake check pirida Departme  | ent of St                               | ate<br>10                         |  |
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indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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 attachoognt with an address, with all other like empowered.

Barbara A. Miller