

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704516

FILED
Jan 30, 2004
Secretary of State

Entity Name: CENTRAL FLORIDA SHELTERED WORKSHOP INC

Current Principal Place of Business:

1600 AARON AVE.
ORLANDO, FL 32811 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1300
APOPKA, FL 32704 US

New Mailing Address:

FEI Number: 59-1098578

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PORTA, K
C/O LIFE CONCEPTS, INC.
380 SEMORAN COMMERCE PLACE, B-204
APOPKA, FL 32704 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: CD () Delete
Name: DESIMONE, BETH
Address: 312 PRESTVIEW AVE
City-St-Zip: LONGWOOD, FL 32750

Title: D () Delete
Name: FERNANDEZ, MELANIE
Address: 201 S. ORANGE AVE STE 950
City-St-Zip: ORLANDO, FL 32801

Title: D () Delete
Name: HUNGATE, ROB
Address: P.O. BOX 3193
City-St-Zip: ORLANDO, FL 32802

Title: D () Delete
Name: WATERS, JIM
Address: 2324 BAESEL VIEW DR
City-St-Zip: ORLANDO, FL 32835

Title: D () Delete
Name: WILSON, CAROL
Address: 3026 CHRIS LANE
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BETH DESIMONE

CD

01/30/2004

Electronic Signature of Signing Officer or Director

Date