

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704516

FILED
Feb 19, 2009
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:

500 EAST COLONIAL DR.
ORLANDO, FL 32803 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:

LIFE CONCEPTS, INC
500 EAST COLONIAL DR.
ORLANDO, FL 32803 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: C () Delete
Name: JACKSON, ERIC CHAIR
Address: 500 EAST COLONIAL DR.
City-St-Zip: ORLANDO, FL 32803

Title: T () Delete
Name: BRESNICK, RUTH TREASUR
Address: 500 EAST COLONIAL DR.
City-St-Zip: ORLANDO, FL 32803

Title: VC () Delete
Name: CANORA, DAVID VICECHA
Address: 500 EAST COLONIAL DR.
City-St-Zip: ORLANDO, FL 32803

Title: S () Delete
Name: MAGRADY, JANE SECRE
Address: 500 EAST COLONIAL DR.
City-St-Zip: ORLANDO, FL 32803

Title: P () Delete
Name: PORTA, KATIE PRESIDE
Address: 500 EAST COLONIAL DR.
City-St-Zip: ORLANDO, FL 32803

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 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: M. KATIE PORTA

P

02/19/2009

Electronic Signature of Signing Officer or Director

Date