2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # 730231

1. Entity Name
CENTRAL FLORIDA CULTURAL ENDEAVORS, INC.

Principal Place of Business	Mailing Address
901 6TH ST DAYTONA BCH, FL 32117 US	901 6TH ST DAYTONA BCH, FL 32117 US

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04042006 No Chg-NP CR2E037 (11/05)

4. FEI Number
23-7384704
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KENDALL, DAVID R
CHIEF FINANCIAL OFFIER
901 SIXTH STREET
DAYTONA BEACH, FL 32117

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	DAVIDSON, MARC L.
STREET ADDRESS	901 6TH ST
CITY-ST-ZIP	DAYTONA BCH, FL 00000, 32117
TITLE	PD
NAME	DAVIDSON, HERBERT M, JR
STREET ADDRESS	901 6TH ST
CITY-ST-ZIP	DAYTONA BCH, FL 00000, 32117
TITLE	TASD
NAME	KANEY, GEORGIA M.
STREET ADDRESS	901 6TH ST
CITY-ST-ZIP	DAYTONA BCH, FL 00000, 32117
TITLE	VD
NAME	TRUILO, JULIA DAVIDSON
STREET ADDRESS	901 SIXTH ST
CITY-ST-ZIP	DAYTONA BCH, FL 32117
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/25/06-80052-011 61.25

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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: David R. Kendall CFO 4-4-06 386-681-2393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #