

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 20, 2008 8:00 am
Secretary of State

05-02-2008 90172 009 ****61.25

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04182008 Chg-NP CR2E037 (12/06)

DOCUMENT # 737717 1. Entity Name MINIATURE WORLD OF CENTRAL FLORIDA, INC.					
Principal Place of Business P.O. BOX 854 WINTER PARK, FL 32790			Mailing Address P.O. BOX 854 WINTER PARK, FL 32790		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1834399	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARDIN, MARCIA 10 ARECA DRIVE ORLANDO, FL 32807			7. Name and Address of New Registered Agent Name Pilon, Alma Street Address (P.O. Box Number is Not Acceptable) P.O. Box 263 1959 CR 654A City Webster Bushnell, FL 33513 State FL Zip Code 33599		
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 <i>Mary Anne Elwood</i> Signature, typed or printed name of registered agent and title if applicable		SIGNATURE <i>Mary Anne Elwood</i> (NOTE: Registered Agent signature required when re-stating)		DATE 4-30-2008	
Filing Fee is \$61.25 Due by May 1, 2008		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	PD HARDIN, MARCIA 10 ARECA DRIVE ORLANDO, FL 32807 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ☒ Change ☐ Addition Pilon, Alma P.O. Box 263 1959 CR 654A Webster, FL 33597 Bushnell, FL 33599	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD ☒ Delete BEILENSEN, MOLLY 351 REMINGTON DRIVE OVIEDO, FL 32765		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD ☒ Change ☐ Addition Young, Marty 3267 Sawyer Circle Deltona, FL 32738	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ☐ Delete ELWOOD, MARY A 2971 BRIDGEHAMPTON LANE ORLANDO, FL 32812		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD ☐ Delete YOUNG, MARTY 3267 SAWYER CIRCLE DELTONA, FL 32738		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD ☒ Change ☐ Addition Eve Tucker P.O. Box 550 Windermere, FL 34786	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ☒ Delete WISHAH, MARIE 490 PALM SPRINGS DR LONGWOOD, FL 32750		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ☒ Change ☐ Addition Risteen, Carole 2632 Valmona Ct Deltona, FL 32738	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: <i>Mary Anne Elwood</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		SIGNATURE: <i>Mary Anne Elwood</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 4-30-2008 DAYTIME PHONE # 407-380-8873	