

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737717

FILED
Mar 14, 2009
Secretary of State

Entity Name: MINIATURE WORLD OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

P.O.BOX 854
WINTER PARK, FL 32790

New Principal Place of Business:

1959 CR 654A
/BUSHNELL, FL 33513

Current Mailing Address:

P.O.BOX 854
WINTER PARK, FL 32790

New Mailing Address:

FEI Number: 59-1834399 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PILON, ALMA
1959 CR 654 A
BUSHNELL, FL 33513 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: PD () Delete
Name: PILON, ALMA
Address: PO BOX 263
City-St-Zip: WEBSTER, FL 33597

Title: 1VPD () Delete
Name: YOUNG, MARTY
Address: 3267 SAWYER CIR
City-St-Zip: DELTONA, FL 32738

Title: TD () Delete
Name: ELWOOD, MARY A
Address: 2971 BRIDGEHAMPTON LANE
City-St-Zip: ORLANDO, FL 32812

Title: 2VPD () Delete
Name: TUCKER, EVE
Address: PO BOX 550
City-St-Zip: WINDERMERE, FL 34786

Title: SD () Delete
Name: RISTEEN, CAROLE
Address: 2632 VALMORA CT
City-St-Zip: DELTONA, FL 32738

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: MARY A. ELWOOD

TD

03/14/2009

Electronic Signature of Signing Officer or Director

Date