

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90340 001 ***122.50

DOCUMENT # 748871

1. Entity Name
CENTRAL FLORIDA LIFE EDUCATION CORPORATION



Principal Place of Business
**2502 OAK ISLAND PT. RD
ORLANDO, FL 32809 US**

Mailing Address
**P. O. BOX 940254
MAITLAND, FL 32794-0254 US**

66409689



2. Principal Place of Business

3. Mailing Address

02102004 Chg-NP CR2E037 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-1935501

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROOKS, MARYIN E.
2130 CHINOOK TRAIL
MAITLAND, FL 32751**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

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

TITLE **D** ☐ Delete
NAME **ROOKS, LINDA**
STREET ADDRESS **2130 CHINOOK TRAIL**
CITY-ST-ZIP **MAITLAND, FL 32751**

TITLE **D** ☐ Delete
NAME **KIDD, TONI JO**
STREET ADDRESS **430 STANTON PL**
CITY-ST-ZIP **LONGWOOD, FL 32779**

TITLE **D** ☒ Delete
NAME **ROOKS, LINDA**
STREET ADDRESS **2130 CHINOOK TRAIL**
CITY-ST-ZIP **MAITLAND, FL**

TITLE **D** ☒ Delete
NAME **LUSHETSKY, LINDA**
STREET ADDRESS **3353 LAKE MARGARET DR**
CITY-ST-ZIP **ORLANDO, FL 32806**

TITLE **D** ☒ Delete
NAME **CADWALLADER, LINDA**
STREET ADDRESS **3252 ELLWOOD CT**
CITY-ST-ZIP **WINTER PARK, FL 32792**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **Lushetsky, Julie**
STREET ADDRESS **3353 Lake Margaret Dr.**
CITY-ST-ZIP **Orlando, Florida 32806**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Julie Lushetsky, Treasurer

4/2/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #