

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765628

FILED
Apr 14, 2009
Secretary of State

Entity Name: CENTRAL FLORIDA PLEASURE DIVERS, INC.

Current Principal Place of Business:

108 WISTERIA DRIVE
LONGWOOD, FL 32779 US

New Principal Place of Business:

445 MOFFAT LOOP
OVIEDO, FL 32765 US

Current Mailing Address:

P O BOX 536891
ORLANDO, FL 32853 US

New Mailing Address:

FEI Number: 59-2452485 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LANGSTON, ED
500 E HWY 436
SUITE 16
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

MUNRO, RANDY
1022 TURKEY HOLLOW CR
WINTER SPRINGS, FL 32708 US

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: RANDY MUNRO

04/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MUNRO, RANDY
Address: 1022 TURKEY HOLLOW CR.
City-St-Zip: WINTER SPRINGS, FL 32708

Title: PD () Delete
Name: CARPENTER, LEE
Address: 441 HILLSDALE COURT
City-St-Zip: LAKE MARY, FL 32746

Title: TD () Delete
Name: HEINMAN, JOAN
Address: 108 WISTERIA DRIVE
City-St-Zip: LONGWOOD, FL 32779

Title: VD () Delete
Name: FRASER, RON
Address: 210 S SCOTT AVENUE
City-St-Zip: SANFORD, FL 32771

Title: SD () Delete
Name: BERRY, LANI
Address: 441 HILLSDALE COURT
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CARPENTER, LEE
Address: 441 HILLSDALE COURT
City-St-Zip: LAKE MARY, FL 32746

Title: PD (X) Change () Addition
Name: FRASER, RON
Address: 210 S SCOTT AVENUE
City-St-Zip: SANFORD, FL 32771

Title: TD (X) Change () Addition
Name: BOURQUE, BARBARA
Address: 445 MOFFAT LOOP
City-St-Zip: OVIEDO, FL 327658

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: RON FRASER

OF

04/14/2009

Electronic Signature of Signing Officer or Director

Date