

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 21, 2009
Secretary of State

DOCUMENT# 765628

Entity Name: CENTRAL FLORIDA PLEASURE DIVERS, INC.**Current Principal Place of Business:**408 SOUTH EDMON AVENUE
WINTER SPRINGS, FL 32707 US**New Principal Place of Business:****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:**MUNRO, RANDY
1022 TURKEY HOLLOW CR
WINTER SPRINGS, FL 32708 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: FRASER, RON
Address: 210 S SCOTT AVENUE
City-St-Zip: SANFORD, FL 32771**Title:** TD () Delete
Name: BOURQUE, BARBARA
Address: 445 MOFFAT LOOP
City-St-Zip: OVIEDO, FL 327658**Title:** D () Delete
Name: CARPENTER, LEE
Address: 441 HILLSDALE COURT
City-St-Zip: OVIEDO, FL 32746**Title:** VD () Delete
Name: BERRY, LANI
Address: 441 HILLSDALE COURT
City-St-Zip: LAKE MARY, FL 32746**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change () Addition
Name: WASSELL, TOM
Address: 4136 WATERVIEW LOOP
City-St-Zip: WINTER PARK, FL 32792**Title:** VPD (X) Change () Addition
Name: LANGSTON, ED
Address: 301 PINEWILD CT
City-St-Zip: ORLANDO, FL 32828**Title:** TD (X) Change () Addition
Name: SPRAGUE, JIM
Address: 1023 OROPESA AVE
City-St-Zip: ORLANDO, FL 32807**Title:** SD (X) Change () Addition
Name: BOOSKOS, BEATRICE
Address: 8141 WOODSWORTH DR
City-St-Zip: ORLANDO, FL 32817**Title:** D () Change (X) Addition
Name: MUNRO, RANDY
Address: 408 S EDMON AVE
City-St-Zip: WINTER SPRINGS, FL 32708

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: ED LANGSTON

VPD

08/21/2009

Electronic Signature of Signing Officer or Director

Date