

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004866

FILED  
May 05, 2009  
Secretary of State

Entity Name: CENTER FOR BIO-ETHICAL REFORM, INC.

**Current Principal Place of Business:**

26882 VISTA TERRACE  
LAKE FOREST, CA 92630

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 560625  
ORLANDO, FL 328560625

**New Mailing Address:**

FEI Number: 33-0443975      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CORPORATION COMPANY OF ORLANDO  
300 S. ORANGE AVE., SUITE 1000 (MJG)  
ORLANDO, FL 32801 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PCD ( ) Delete  
Name: LITCHFIELD, JIM  
Address: P.O. BOX 219  
City-St-Zip: LAKE FOREST, CA 92609

Title: SD ( ) Delete  
Name: CUNNINGHAM, GREGG  
Address: P.O. BOX 219  
City-St-Zip: LAKE FOREST, CA 92609

Title: TD ( ) Delete  
Name: NEAL, RUSSEL A II  
Address: P.O. BOX 219  
City-St-Zip: LAKE FOREST, CA 92609

Title: D ( ) Delete  
Name: PAVONE, FRANK F R.  
Address: P.O. BOX 219  
City-St-Zip: LAKE FOREST, CA 92609

Title: D ( ) Delete  
Name: MCGEE, MELISSA  
Address: P.O. BOX 219  
City-St-Zip: LAKE FOREST, CA 92609

Title: D ( ) Delete  
Name: CHILDRESS, CLENARD JR.,REV  
Address: P.O. BOX 219  
City-St-Zip: LAKE FOREST, CA 92609

**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:

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: GREGG CUNNINGHAM

SD

05/05/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date