2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2008
Secretary of State

DOCUMENT# N00000001777

Entity Name: CAMBRIDGE STUDY CENTER FOUNDATION INC.

Current Principal Place of Business:

541 S. FLORIDA AVE.
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

541 S. FLORIDA AVE.
LAKELAND, FL 33801

New Mailing Address:

FEI Number: 59-3645708 **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:

MONTGOMERY, ALLEN R
302 S MASSACHUSETTS AVE
LAKELAND, FL 33801 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: MACEY, ROBERT S
Address: 1836 PINNACLE DR
City-St-Zip: LAKELAND, FL 33813

Title: VD ( ) Delete
Name: ROBERTS, WILLIAM S
Address: 5789 LK. VICOTRIA DR
City-St-Zip: LAKELAND, FL 33813

Title: SD ( ) Delete
Name: BRESLER, J. LENORA
Address: 987 LK. HOLLINGSWORTH DR
City-St-Zip: LAKELAND, FL 33803

Title: TD ( ) Delete
Name: BORDEN, GAIL
Address: 3226 STONEWATER DR
City-St-Zip: LAKELAND, FL 33803

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:

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: ROBERT S. MACEY PD 05/20/2008

Electronic Signature of Signing Officer or Director — Date