

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001811

FILED
Jun 25, 2006
Secretary of State

Entity Name: CENTRAL FLORIDA ASSOCIATION OF INSURANCE & FINANCIAL ADVISORS, INC.

Current Principal Place of Business:

PO BOX 162505
ALTAMONTE SPRINGS, FL 327162505

New Principal Place of Business:

Current Mailing Address:

PO BOX 162505
ALTAMONTE SPRINGS, FL 327162505

New Mailing Address:

FEI Number: 23-7276099 **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:

ENGELL, CHRISTINE M
401 CENTER POINTE CIR STE 1543
ALTAMONTE SPRINGS, FL 32701 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: PE () Delete
Name: FORE, JR., MARVIN K
Address: 1900 HOWELL BRANCH ROAD, SUITE 1
City-St-Zip: WINTER PARK, FL 32792

Title: P () Delete
Name: CICERO, KELLY J
Address: 4324 EDGEWATER DRIVE
City-St-Zip: ORLANDO, FL 32804

Title: VP () Delete
Name: BOUCHARD, PAUL E
Address: 555 WINDERLEY PLACE, SUITE 100
City-St-Zip: MAITLAND, FL 32751

Title: ST () Delete
Name: ANDERSON, WILLIAM C
Address: 498 PALM SPRINGS SUITE 210
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D () Delete
Name: REILLY, PATRICIA A
Address: 1900 HOWELL BRANCH ROAD, SUITE 1
City-St-Zip: WINTER PARK, FL 32792

Title: D () Delete
Name: SILVER, TOBBY L
Address: 2200 WINTER SPRINGS BLVD., SUITE 114
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FORE, JR., MARVIN K
Address: 1900 HOWELL BRANCH ROAD, SUITE 1
City-St-Zip: WINTER PARK, FL 32792 US

Title: PE (X) Change () Addition
Name: BOUCHARD, PAUL E
Address: 430 CROWN OAK CENTRE
City-St-Zip: LONGWOOD, FL 32750 US

Title: VP (X) Change () Addition
Name: BERK, ROBERT P
Address: 1800 PEMBROOK DRIVE, SUITE 310
City-St-Zip: ORLANDO, FL 32810 US

Title: ST (X) Change () Addition
Name: ANDERSON, WILLIAM C
Address: 205 WHIPPOORWILL LANE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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 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: CHRISTINE M. ENGELL

AE

06/25/2006

Electronic Signature of Signing Officer or Director

Date