

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001811

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: NAIFA CENTRAL FLORIDA, INC.

## Current Principal Place of Business:

401 CENTER POINTE CIRCLE  
SUITE 1543  
ALTAMONTE SPRINGS, FL 32701 US

## New Principal Place of Business:

8818 COMMODITY CIRCLE  
SUITE 41  
ORLANDO, FL 32819 US

## 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 ( )

## Name and Address of Current Registered Agent:

ENGELL, CHRISTINE M  
401 CENTER POINTE CIR STE 1543  
ALTAMONTE SPRINGS, FL 32701 US

## Name and Address of New Registered Agent:

BLANK, LYNN  
8818 COMMODITY CIRCLE  
SUITE 41  
ORLANDO, FL 32819 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: LYNN BLANK

04/23/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

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

Title: PE ( ) Delete  
Name: REILLY, PATRICIA A  
Address: 500 N. MAITLAND AVE  
City-St-Zip: MAITLAND, FL 32751 US

Title: VP ( ) Delete  
Name: SHIFFLETT, DAVID  
Address: 614 S. AMELIA AVENUE  
City-St-Zip: DELAND, FL 32724 US

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

Title: D ( ) Delete  
Name: ROBBINS, REGGIE L  
Address: 1060 MAITLAND CTR. COMMONS, SUITE 350  
City-St-Zip: MAITLAND, FL 32751 US

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: REILLY, PATRICA A  
Address: 500 N. MAITLAND AVENUE  
City-St-Zip: MAITLAND, FL 32751 US

Title: PE (X) Change ( ) Addition  
Name: SHIFFLETT, DAVID  
Address: 614 S. AMELIA AVENUE  
City-St-Zip: DELAND, FL 32724 US

Title: VP (X) Change ( ) Addition  
Name: SILVER, TOBBY L  
Address: 801 INTERNATIONAL PARKWAY, STE 500  
City-St-Zip: LAKE MARY, FL 32746 US

Title: ST (X) Change ( ) Addition  
Name: ENGELL, SCOTT  
Address: 1543 CENTER POINTE CIRCLE, STE 1543  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: CALDWELL, TIMOTHY B  
Address: 220 E. CENTRAL PARKWAY, STE 3040  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

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: LYNN BLANK

RA

04/23/2009

Electronic Signature of Signing Officer or Director

Date