2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004182

FILED Apr 30, 2012 Secretary of State

Entity Name: COMMUNITY FOUNDATION OF EAST CENTRAL FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

411 GLEN ABBEY LN. 253 HAZELTINE DR. DEBARY, FL 32713 DEBARY, FL 32713

Current Mailing Address: New Mailing Address:

P.O. BOX 523

DELAND, FL 327210523 US

FEI Number: 59-3663309 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SCHMELLICK, NITA
411 GLEN ABBEY LANE
DEBARY, FL 32713 US
SCHMELLICK, NITA
253 HAZELTINE DR.
DEBARY, FL 32713 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: 04/30/2012

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Γitle: CEO

Name: SCHMELLICK, NITA Address: 253 HAZELTINE DR. City-St-Zip: DEBARY, FL 32713

Title: PD

Name: BURTON, ALAN

Address: 915 OCEAN SHORE BLVD SUITE 707 City-St-Zip: ORMOND BEARCH, FL 32176

Title: VPD

Name: WARD, RANDALL
Address: 17 WILDWOOD TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: TD

Name: CLARK, LAURA LEE
Address: 466 FORT FLORIDA RD
City-St-Zip: DEBARY, FL 32713

Title: SD

Name: YOUNG, JULIE

Address: 1242 HAMPSTEAD LANE City-St-Zip: DEBARY, FL 32176

Title: [

Name: MARTIN, CAROLYN Address: 835 GATOR LANE City-St-Zip: DELTONA, FL 32138

I hereby 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 all other like empowered.

SIGNATURE: NITA SCHMELLICK CEO 04/30/2012