

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N00000005231</b>	
1. Entity Name CENTRAL FLORIDA MENTORING NETWORK, INC.	



Principal Place of Business 1900 33RD STREET ORLANDO, FL 32839-8856	Mailing Address 1900 33RD STREET ORLANDO, FL 32839-8856
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**DO NOT WRITE IN THIS SPACE**



02042005 No Chg-NP CR2E037 (10/03)

4. FEI Number 31-1800782	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  CLEDENIN, GREG 1900 33RD STREET ORLANDO, FL 32839-8856
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**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLEDENIN, GREGORY 1900 33RD STREET ORLANDO, FL 32839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAWKINS, WALTER 649 W LIVINGSTON ST ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VARDELOO, FRANK 5069 NORTH LANE ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEIN, JILL 1900 33RD STREET ORLANDO, FL 32839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000219139  
02/08/05-80015-019 61.25

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: <u>Jill Klein</u> <u>Jill Klein</u>	2-5-05 (407) 648-8998
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>