2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# N00000006492

Entity Name: CENTRAL FLORIDA HIGHER EDUCATIONAL ALLIANCE, INC.

Current Principal Place of Business:

4000 MILLENIA BLVD
ORLANDO, FL 32839

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 160518
ALTAMONTE SPRINGS, FL 327160518

New Mailing Address:

FEI Number: 59-3675603 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PHILLIPS, CRISTINA M
4820 MILLENIA BLVD
ORLANDO, FL 32839 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:	T	( ) Delete
Name:	PHILLIPS, CRISTINA M	
Address:	4850 MILLENIA BLVD	
City-St-Zip:	ORLAND, FL 32839	
Title:	P	( ) Delete
Name:	PERRY, JENNIFER	
Address:	8325 SOUTH PARK CIRCLE, SUITE 100	
City-St-Zip:	ORLANDO, FL 32819	
Title:	D	( ) Delete
Name:	ROSIN, SHARON	
Address:	1595 S SEMORAN BLV	
City-St-Zip:	WINTER PARK, FL 32792	
Title:	V	( ) Delete
Name:	PLAMON, JIM	
Address:	203 EAST LTMAN AVENUE	
City-St-Zip:	WINTER PARK, FL 32789	
Title:	V	( ) Delete
Name:	SEMLER, CHRISTINE	
Address:	4000 MILLENIA BLVD	
City-St-Zip:	ORLANDO, FL 32839	
Title:	D	( ) Delete
Name:	SANTOS, MARSHA	
Address:	4800 HOWELL BRANCH ROAD	
City-St-Zip:	WINTER PARK, FL 32792	

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:	
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: CRISTINA M. PHILLIPS T 01/20/2009
Electronic Signature of Signing Officer or Director — Date