

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003775

FILED
Apr 28, 2008
Secretary of State

Entity Name: CENTRAL FLORIDA FOLK, INCORPORATED

Current Principal Place of Business:

3870 RANEY RD.
TITUSVILLE, FL 32780

New Principal Place of Business:

Current Mailing Address:

3870 RANEY RD.
TITUSVILLE, FL 32780

New Mailing Address:

FEI Number: 59-3712069

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROGAN, BARRY
3870 RANEY RD.
TITUSVILLE, FL 32780 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: PCOB () Delete
Name: BROGAN, BARRY
Address: 3870 RANEY RD.
City-St-Zip: TITUSVILLE, FL 32780

Title: D () Delete
Name: WILLACE, JOE
Address: 910 BRODDOCK RD
City-St-Zip: ENTERPRISE, FL 32725

Title: D () Delete
Name: LIHN, LOIS
Address: 2326 SIERA LN
City-St-Zip: MAITLAND, FL 32751

Title: DVP () Delete
Name: HOYT, DELL
Address: 2385 FOUNTAIN RD
City-St-Zip: DELTONA, FL 32738

Title: D () Delete
Name: BURN, SARA
Address: 317 PINE ST
City-St-Zip: WINTER GARDEN, FL 34787

Title: DS () Delete
Name: PROVOS, PAM
Address: 736 GALLOWAY CT
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: WALLER, JOE
Address: 910 BRADDOCK RD
City-St-Zip: ENTERPRISE, FL 32725

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

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

Title: D (X) Change () Addition
Name: BURR, SARA
Address: 317 PINE ST
City-St-Zip: WINTER GARDEN, FL 34787

Title: DS (X) Change () Addition
Name: PROVOST, PAM
Address: 736 GALLOWAY CT
City-St-Zip: WINTER SPRINGS, FL 32708

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: BARRY BROGAN

PRES

04/28/2008

Electronic Signature of Signing Officer or Director

Date