## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000003775

FILED Feb 23, 2009 Secretary of State

Entity Name: CENTRAL FLORIDA FOLK, INCORPORATED

**Current Principal Place of Business: New Principal Place of Business:** 3870 RANEY RD. TITUSVILLE, FL 32780 **Current Mailing Address: New Mailing Address:** 3870 RANEY RD TITUSVILLE, FL 32780 FEI Number: 59-3712069 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BROGAN, BARRY 3870 RANEY RD. TITUSVILLE, FL 32780 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **PCOB** () Change () Addition () Delete BROGAN, BARRY Name: Name: 3870 RANEY RD. Address: Address: TITUSVILLE, FL 32780 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition WALLER, JOE Name: Name: Address: 910 BRADDOCK RD Address: City-St-Zip: ENTERPRISE, FL 32725 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition LIHN, LOIS Name: CUNNINGHAM, JOHN M Name: 2137 N. HAMPTON CIRCLE Address: 2326 SIERA LN Address: City-St-Zip: MAITLAND, FL 32751 City-St-Zip: WINTER PARK, FL 32792 Title: DVP (X) Delete Title: () Change () Addition HOYT, DELL Name: Name: 2385 FOUNTAIN RD Address: Address: City-St-Zip: DELTONA, FL 32738 City-St-Zip: Title: (X) Delete Title: () Change () Addition BURR, SARA Name: Name: 317 PINE ST Address: Address: City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: Title: () Delete Title: () Change () Addition PROVOST, PAM Name: Name: Address: 736 GALLOWAY CT Address: WINTER SPRINGS, FL 32708 City-St-Zip: 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: JOHN M. CUNNINGHAM TD 02/23/2009