2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000007915

1. Entity Name
CENTRAL FLORIDA MIRACLE LEAGUE, INC.

Principal Place of Business	Mailing Address
9114 GALLEON DR ORLANDO, FL 32819	PO BOX 664 WINDERMERE, FL 34786

DO NOT WRITE IN THIS SPACE

04192006 No Chg-NP CR2E037 (11/05)

4. FEI Number
02-0535393
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PUCKETT, KELLY
9114 GALLEON DR
ORLANDO, FL 32819

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

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	PUCKETT, KELLY
STREET ADDRESS	9114 GALLEON DR
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	VP
NAME	KURIR, DENNIS
STREET ADDRESS	550 DEVONSHIRE BLVD
CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	DT
NAME	LESPERANCE, BROCK
STREET ADDRESS	2180 SUNDERLAND RD
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	S
NAME	LOUV, ART
STREET ADDRESS	605 EAST ROBINSON STREET SUITE 730
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/08/06-80006-002 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Kelly Puckett 4-19-06 407-578-1225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #