

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90204 017 ****61.25

DOCUMENT # N02000005337

1. Entity Name

C.F.S.G.A., INC.



Principal Place of Business

201 E. PINE ST., SUITE 425
ORLANDO FL 32801

Mailing Address

P. O. BOX 300365
FERN PARK FL 32730-0365

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

AP-PLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRENNAN, SANCHAK
201 E. PINE ST., SUITE 425
ORLANDO FL 32801

Name

Sancha Brennan Whynot

(name change)

Street Address (P.O. Box Number is Not Acceptable)

same as listed

City

FL

Zip Code

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME PRONOVOST, JANE A ☐ Delete
STREET ADDRESS PO BOX 300365
CITY-ST-ZIP FERN PARK FL 32730

TITLE Secretary, Director ☐ Change ☒ Addition
NAME Debra Foscolo
STREET ADDRESS 3714-A Silver Star Rd.
CITY-ST-ZIP Orlando, Florida 32808

TITLE PED
NAME BURKE, PAULA ☐ Delete
STREET ADDRESS PO BOX 622146
CITY-ST-ZIP OVIEDO FL 32765

TITLE Vice President, Director ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME BRENNAN, ERIN B ☐ Delete
STREET ADDRESS PO BOX 533965
CITY-ST-ZIP ORLANDO FL 32853

TITLE Director ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME SULLIVAN, ROSINA ☒ Delete
STREET ADDRESS 5449 WINCREST CT.
CITY-ST-ZIP ORLANDO FL 32812

TITLE Treasurer, Director ☐ Change ☒ Addition
NAME Barbara Gordon
STREET ADDRESS P.O. Box 951253
CITY-ST-ZIP Lake Mary, Florida 32795-1253

TITLE D
NAME BRENNAN, SANCHAK ☐ Delete
STREET ADDRESS PO BOX 2706
CITY-ST-ZIP ORLANDO FL 32802

TITLE Sancha Brennan Whynot ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME CABBAGE, LORI ☐ Delete
STREET ADDRESS 635 S. WICKHAM ROAD, SUITE 204
CITY-ST-ZIP MELBOURNE FL 32904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #