


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 23, 2005 8:00 am**  
**Secretary of State**

05-23-2005 90006 004 \*\*\*\*70.00

<b>DOCUMENT # N02000005337</b> 1. Entity Name <b>C.F.S.G.A., INC.</b>					
Principal Place of Business <b>201 E. PINE ST., SUITE 425 ORLANDO, FL 32801</b>			Mailing Address <b>P. O. BOX 300365 FERN PARK, FL 32730-0365</b>		
2. Principal Place of Business <b>1214 E. Robinson St.</b>		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Orlando, FL</b>		City & State		4. FEI Number <b>APPLIED FOR 20-2863951</b>	
Zip <b>32801</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WHYNOT, SANCHIA BRENNAN 201 E. PINE ST., SUITE 425 ORLANDO, FL 32801</b>			7. Name and Address of New Registered Agent Name <b>SANCHIA BRENNAN WHYNOT</b> Street Address (P.O. Box Number is Not Acceptable) <b>1214 E. Robinson St.</b> City <b>Orlando</b> <b>FL</b> Zip Code <b>32801</b>		
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 <b>SBW</b> <b>SANCHIA BRENNAN WHYNOT</b> <b>5/19/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE PD NAME PRONOVOST, JANE A STREET ADDRESS PO BOX 300365 CITY-ST-ZIP FERN PARK, FL 32730	<input type="checkbox"/> Delete		TITLE D NAME Jane A. Pronovost STREET ADDRESS P.O. Box 300365 CITY-ST-ZIP Fern Park, FL 32730	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME BURKE, PAULA STREET ADDRESS PO BOX 622146 CITY-ST-ZIP OVIEDO, FL 32765	<input checked="" type="checkbox"/> Delete		TITLE VP NAME Patti Jarrell STREET ADDRESS P.O. Box 951962 CITY-ST-ZIP Lake Mary, FL 32795	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME BRENNAN, ERIN B STREET ADDRESS PO BOX 533965 CITY-ST-ZIP ORLANDO, FL 32853	<input checked="" type="checkbox"/> Delete		TITLE D NAME Dbbie Foscolo STREET ADDRESS 3714 A Silver Star Rd. CITY-ST-ZIP Orlando, FL 32808	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME GORDON, BARBARA STREET ADDRESS PO BOX 951253 CITY-ST-ZIP LAKE MARY, FL 327951253	<input checked="" type="checkbox"/> Delete		TITLE D-Treasurer NAME Denise Y. Willis STREET ADDRESS P.O. Box 471406 CITY-ST-ZIP Lake Monroe, FL 32747	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME WHYNOT, SANCHIA BRENNAN STREET ADDRESS PO BOX 2706 CITY-ST-ZIP ORLANDO, FL 32802	<input type="checkbox"/> Delete		TITLE PD NAME Burke, H. Leonard STREET ADDRESS 4901 Petra Court CITY-ST-ZIP Winter Springs, FL 32708	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME CABBAGE, LORI STREET ADDRESS 635 S. WICKHAM ROAD, SUITE 204 CITY-ST-ZIP MELBOURNE, FL 32904	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE: <i>H. Leonard Burke</i> <b>5/19/05</b> <b>407 331-1455</b></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					