


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2008 8:00 am
Secretary of State

07-23-2008 90015 035 ****61.25

DOCUMENT # N02000005337					
1. Entity Name C.F.S.G.A., INC.					
Principal Place of Business 1214 E ROBINSON ST ORLANDO, FL 32801			Mailing Address P. O. BOX 300365 FERN PARK, FL 32730-0365		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-2863951	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WHYNNOR, SANCHIA BRENNAN 1214 E ROBINSON ST ORLANDO, FL 32804			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee Is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	P JARRELL, PATTI PO BOX 951962 LAKE MARY, FL 32795	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILLIS, DENISE Y PO BOX 471406 LAKE MONROE, FL 32747	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEONARD, BURKE H 4901 PETRA COURT WINTER SPRINGS, FL 32708	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CABBAGE, LORI 635 S. WICKHAM ROAD, SUITE 204 MELBOURNE, FL 32904	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	See Continuation sheet				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Burke, H L 4901 Petra Court Winter Springs FL 32708	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Pronovost, Jane P.O. Box 300865 Fern Park FL 32730	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hicks, Robert 433 North Hampton Ave. Orlando FL 32803	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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: <i>[Signature]</i> 7/19/08 321 251-8133					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

ATTACHMENT

40111816

C.E.S.G.A., Inc.

Document # N02000005337 (Continuation)

Additions to Officers and Directors (Block 11)

D

Corsi, Nina
5415 Lake Howell Road, #222
Winter Park, FL 32792

D

Sullivan, Rosa
5449 Wincrest Ct.
Orlando, FL 32812-6090

D

Long, Ginny
587 Lake Howell Road
Maitland FL 32751