

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005337

FILED
Mar 06, 2009
Secretary of State

Entity Name: C.F.S.G.A., INC.

Current Principal Place of Business:

1214 E ROBINSON ST
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 300365
FERN PARK, FL 327300365

New Mailing Address:

FEI Number: 20-2863951

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHYNNOR, SANCHIA BRENNAN
1214 E ROBINSON ST
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: JARRELL, PATTI
Address: PO BOX 951962
City-St-Zip: LAKE MARY, FL 32795

Title: TD () Delete
Name: BURKE, HL
Address: 4901 PETRA COURT
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D () Delete
Name: PRONOVEST, JANE
Address: PO BOX 300865
City-St-Zip: CASSELBERRY, FL 32730

Title: D () Delete
Name: HICKS, ROBERT
Address: 433 NORTH HAMPTON AVE
City-St-Zip: ORLANDO, FL 32803

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SULLIVAN, ROSA
Address: 5449 WINCREST CT
City-St-Zip: ORLANDO, FL 32812

Title: TD (X) Change () Addition
Name: BURKE, HL
Address: 5703 RED BUG LAKE ROAD #346
City-St-Zip: WINTER SPRINGS, FL 32708

Title: SD (X) Change () Addition
Name: FOSCOLO, DEBRA
Address: 3714 A SILVER STAR ROAD
City-St-Zip: ORLAND, FL 32801

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: DICKMANN, SHERI
Address: PO BOX 540295
City-St-Zip: ORLANDO, FL 32854

Title: D () Change (X) Addition
Name: CORSI, NINA
Address: 4751 TARFLOWER LANE
City-St-Zip: ORLAND, FL 32829

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: H L BURKE

TREA

03/06/2009

Electronic Signature of Signing Officer or Director

Date