

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005389

FILED
Apr 29, 2007
Secretary of State

Entity Name: CENTRAL FLORIDA DRAGON BOAT FESTIVAL, INC.

Current Principal Place of Business:

36401 E LAKE ELDORADO DR
EUSTIS, FL 32736

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 850
TAVARES, FL 32778

New Mailing Address:

FEI Number: 56-2281323

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLAFFY, REBECCA
36401 E. LAKE ELDORADO DR
EUSTIS, FL 32736 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: SD () Delete
Name: SARGENT, REBECCA
Address: P.O. BOX 850
City-St-Zip: TAVARES, FL 32778

Title: VD () Delete
Name: GENETIA, GRACE
Address: P.O. BOX 850
City-St-Zip: TAVARES, FL 32778

Title: D () Delete
Name: SALADIN, DONNA
Address: P.O. BOX 850
City-St-Zip: TAVARES, FL 32778

Title: TD () Delete
Name: SEAWELL, TERRY
Address: P.O. BOX 850
City-St-Zip: TAVARES, FL 32778

Title: D () Delete
Name: BAGWELL, KERRY
Address: P.O. BOX 850
City-St-Zip: TAVARES, FL 32778

Title: PD () Delete
Name: CLAFFY, REBECCA
Address: P.O. BOX 850
City-St-Zip: TAVARES, FL 32778

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: GRAVES, MICHAEL A
Address: P.O. BOX 850
City-St-Zip: TAVARES, FL 32778

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

Title: D (X) Change () Addition
Name: LAO, PAUL
Address: P.O. BOX 850
City-St-Zip: TAVARES, FL 32778

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

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: REBECCA CLAFFY

PD

04/29/2007

Electronic Signature of Signing Officer or Director

Date