

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005389

FILED
Apr 26, 2011
Secretary of State

Entity Name: CENTRAL FLORIDA DRAGON BOAT FESTIVAL, INC.

Current Principal Place of Business:

3217 SPICER AVENUE
GRAND ISLAND, FL 32735

New Principal Place of Business:

3401 NORTH HIGHWAY 19A
RILEY'S PARK OFFICE
MOUNT DORA, FL 32757

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
3217 SPICER AVENUE
GRAND ISLAND, FL 32735 US

Name and Address of New Registered Agent:

HOFFMAN, RHONDA
3401 NORTH HIGHWAY 19A
MOUNT DORA, FL 32757 US

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: RHONDA H. HOFFMAN

04/26/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD
Name: JOHNS, DEE PRES
Address: P.O. BOX 850
City-St-Zip: TAVARES, FL 32778

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

Title: D
Name: BORNSTEIN, ADAM SEC
Address: P.O. BOX 850
City-St-Zip: TAVARES, FL 32778

Title: TD
Name: HOFFMAN, RHONDA H TREAS
Address: P.O. BOX 850
City-St-Zip: TAVARES, FL 32778

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

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

I hereby 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 all other like empowered.

SIGNATURE: RHONDA H HOFFMAN

TRES

04/26/2011

Electronic Signature of Signing Officer or Director

Date