


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90057 001 \*\*\*\*61.25

<b>DOCUMENT # N02000006524</b>	
1. Entity Name <b>REBUILDING TOGETHER OF CENTRAL FLORIDA, INC.</b>	

Principal Place of Business <b>255 SOUTH ORANGE AVENUE SUITE 1700 ORLANDO, FL 32801</b>	Mailing Address <b>255 SOUTH ORANGE AVENUE SUITE 1700 ORLANDO, FL 32801</b>
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**60011700**



2. Principal Place of Business <b>8745 Cypress Reserve Circle</b>	3. Mailing Address <b>8745 Cypress Reserve Circle</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01312006 Chg-NP CR2E037 (11/05)

City & State <b>Orlando, FL</b>	City & State <b>Orlando, FL</b>
Zip <b>32836</b>	Country <b>USA</b>

4. FEI Number <b>35-2180064</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>AMERICAN INFORMATION SERVICES, INC. 255 SOUTH ORANGE AVENUE SUITE 1700 ORLANDO, FL 32801</b>	7. Name and Address of New Registered Agent Name <b>American Information Services, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>420 South Orange Avenue, Suite 1200</b> City <b>Orlando</b> FL Zip Code <b>32801</b>
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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 <i>Peter E Reinert, assistant secretary</i>	DATE <i>2/1/06</i>
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REINERT, PETER E 255 SOUTH ORANGE AVENUE CITRUS CENTER 17 ORLANDO, FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Reinert, Peter E. 420 South Orange Avenue, Suite 1200 Orlando, FL 32801 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARLOCK, HAROLD JR 111 NORTH ORANGE AVENUE SUITE 1585 ORLANDO, FL 32801 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Landis, George A. 8745 Cypress Reserve Circle Orlando, FL 32836 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWDIS, GEORGE A 8745 CYPRESS RESERVE CIRCLE ORLANDO, FL 32836 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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>Peter E Reinert</i>	DATE: <i>2/1/06</i> DAYTIME PHONE: <i>407-439-8427</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	

# ATTACHMENT

60011700  
# No 2000006524

Fort Lauderdale  
Jacksonville  
Miami  
New York  
Orlando  
Tallahassee  
Tampa  
Washington, DC  
West Palm Beach



420 South Orange Avenue  
Suite 1200  
Orlando, Florida 32801-4904  
Post Office Box 231 *mail*  
Orlando, Florida 32802-0231  
[www.akerman.com](http://www.akerman.com)  
407 423 4000 *tel* 407 843 6610 *fax*

February 1, 2005

Peter E. Reinert  
407 419 8427  
[peter.reinert@akerman.com](mailto:peter.reinert@akerman.com)

Florida Department of State  
P. O. Box 1500  
Tallahassee, FL 32302-1500

**Re: Rebuilding Together of Central Florida, Inc. – 2006 Annual Report Notice**

Dear Sir or Madam:

Please find enclosed for filing an original executed 2006 Not-for-Profit Corporation Annual Report. I have also enclosed a check in the amount of \$61.25 payable to the Florida Department of State to cover the processing fee.

Should you have any questions concerning the enclosed, please do not hesitate to contact me.

Cordially,

**AKERMAN SENTERFITT**

Peter E. Reinert

PER/cb  
Enclosures