2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2010
Secretary of State

DOCUMENT# N02000007731

Entity Name: CENTRAL FLORIDA SOAP BOX DERBY, INC.

Current Principal Place of Business:

686 BRECKENRIDGE DR.
PORT ORANGE, FL 32127

New Principal Place of Business:

Current Mailing Address:

686 BRECKENRIDGE DR.
PORT ORANGE, FL 32127

New Mailing Address:

FEI Number: 82-0568284 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GAGNE, PETER
686 BRECKENRIDGE DR.
PORT ORANGE, FL 32127 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
Name: BREWER, EDNA
Address: 1013 W 2ND STREET
City-St-Zip: SANFORD, FL 32771

Title: TD
Name: GAGNE, PETER
Address: 686 BRECKENBRIDGE DR.
City-St-Zip: PORT ORANGE, FL 32127

Title: D
Name: TORRES, VICTOR
Address: 1018 DRIFT CREEK COVE
City-St-Zip: ORLANDO, FL 32828

Title: D
Name: LINDSEY, TERRY
Address: 2212 VENETIAN WAY
City-St-Zip: WINTER PARK, FL 32789

Title: D
Name: BREWER, SAM
Address: 1013 W. 2MD STREET
City-St-Zip: SANFORD, FL 32771

Title: D
Name: WALKER, FRED
Address: 613 GROVEWOOD DRIVE
City-St-Zip: SANFORD, FL 32773

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: PETER GAGNE TD 03/08/2010

Electronic Signature of Signing Officer or Director Date