

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000206

FILED
May 03, 2010
Secretary of State

Entity Name: COLLEGIATE PROSPECTS DEVELOPMENT GROUP, INC.

Current Principal Place of Business:

3308 MIDLAKE TERRACE
OCOE, FL 34761

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 684
OCOE, FL 34761

New Mailing Address:

3308 MIDLAKE TERRACE
OCOE, FL 34761

FEI Number: 56-2339470 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MORGAN, EVERARD W
3308 MIDLAKE TER
OCOE, FL 34761 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: D
Name: MORGAN, EVERARD W
Address: 3308 MIDLAKE TER
City-St-Zip: OCOE, FL 34761

Title: DPS
Name: MOCCIA-LOOS, GINA M
Address: 8439 TIBET BUTLER DRIVE
City-St-Zip: WINDERMERE, FL 34786

Title: D
Name: FERGUSON, MARK G
Address: 3308 MIDLAKE TER
City-St-Zip: OCOE, FL 34761

Title: VP
Name: LYONS, BOBBIE
Address: 3308 MIDLAKE TER
City-St-Zip: OCOE, FL 34761

Title: T
Name: COLE, KEN
Address: 3308 MIDLAKE TER
City-St-Zip: OCOE, FL 34761

Title: D
Name: LOOS, EDMUND O III
Address: 8439 TIBET BUTLER DRIVE
City-St-Zip: WINDERMERE, FL 34786

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: GINA M MOCCIA-LOOS

DPS

05/03/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date