2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2005
Secretary of State

DOCUMENT# N03000002576

Entity Name: CENTRAL FLORIDA VETERANS MEMORIAL PARK FOUNDATION, INC.

Current Principal Place of Business:

2500 LEAHY AVENUE
ROOM 125
ORLANDO, FL 328931670

New Principal Place of Business:

Current Mailing Address:

2500 LEAHY AVENUE
ROOM 125
ORLANDO, FL 328931670

New Mailing Address:

FEI Number: 02-0690502 **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:

COLEMAN, WILLIAM C
2500 LEAHY AVENUE
ROOM 125, DFAS-BUILDING
ORLANDO, FL 328931671 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: P ( ) Delete
Name: COLEMAN, WILLIAM C
Address: 2500 LEAHY AVENUE ROOM 125
City-St-Zip: ORLANDO, FL 328931671

Title: V ( ) Delete
Name: LEPAGE, ROBERT M
Address: 5132 SAILWIND CIRCLE
City-St-Zip: ORLANDO, FL 32810

Title: D ( ) Delete
Name: DENTON, EARL
Address: 2500 LEAHY AVENUE ROOM 125
City-St-Zip: ORLANDO, FL 328931670

Title: D ( ) Delete
Name: BREECE, SHARON
Address: 2500 LEAHY AVENUE ROOM 125
City-St-Zip: ORLANDO, FL 328931670

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DR NEIL EULIANO PRES 07/20/2005

Electronic Signature of Signing Officer or Director — Date