

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006081

FILED
May 03, 2007
Secretary of State

Entity Name: BRITE STAR TWIRLERS OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

522 HALLOWELL CIR
ORLANDO, FL 32828

New Principal Place of Business:

Current Mailing Address:

522 HALLOWELL CIR
ORLANDO, FL 32828

New Mailing Address:

FEI Number: 06-1701964 **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:

DOWDY, CANDICE D
522 HALLOWELL CIR.
ORLANDO, FL 32828 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 () Delete
Name: DOWDY, CANDICE D
Address: 522 HALLOWELL CIR.
City-St-Zip: ORLANDO, FL 32828

Title: D () Delete
Name: DOWDY, RODNEY E
Address: 522 HALLOWELL CIR.
City-St-Zip: ORLANDO, FL 32828

Title: D () Delete
Name: PUSTELNYK, ANDREA J
Address: 1107 MARCUS COURT
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: MONTGOMERY, JERLENE A
Address: 620 ST. LUCIE LANE
City-St-Zip: ORLANDO, FL 32707

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CANDICE D. DOWDY

Electronic Signature of Signing Officer or Director

OWNE

05/03/2007

Date