

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007037

FILED
Apr 21, 2009
Secretary of State

Entity Name: CENTRAL FLORIDA CONSORTIUM OF PRIVATE SCHOOL COUNSELORS, INC.

Current Principal Place of Business:

2025 STATE ROAD 436
WINTER PARK, FL 32792 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2121
WINTER PARK, FL 32790 US

New Mailing Address:

FEI Number: 20-0175611

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FULMER, PATRICIA
2025 STATE ROAD 436
WINTER PARK, FL 32792 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: PRES () Delete
Name: OUTERBACK, ARLENE
Address: 5933 RANDOLPH AVENUE
City-St-Zip: ORLANDO, FL 32809 US

Title: VP () Delete
Name: DONOHUE, MARY
Address: 955 TRINITY LANE
City-St-Zip: WINTER PARK, FL 32792 US

Title: TREA () Delete
Name: FULMER, PATRICIA
Address: P O BOX 952458
City-St-Zip: LAKE MARY, FL 32792 US

Title: SEC () Delete
Name: STERLING, JENNIFER
Address: 1221 TRINITY WOODS LANE
City-St-Zip: MAITLAND, FL 32751 US

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 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: PATRICIA FULMER

TREA

04/21/2009

Electronic Signature of Signing Officer or Director

Date