

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007521

FILED
Jan 25, 2008
Secretary of State

Entity Name: THE TRANSITION GROUP OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

120 GATLIN AVENUE
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

1524 LAMPLIGHTER WAY
ORLANDO, FL 32818

New Mailing Address:

FEI Number: 41-2106795

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WRIGHT, LESTER R
1524 LAMPLIGHTER WAY
ORLANDO, FL 32818 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: BUTLER, DANNY
Address: 2108 WOLF
City-St-Zip: ORLANDO, FL 32808

Title: O/T () Delete
Name: WRIGHT, LESTER R
Address: 1524 LAMPLIGHTER WAY
City-St-Zip: ORLANDO, FL 32818

Title: D () Delete
Name: WILLIAMS, JAMES L
Address: 1315 HERNANDES DRIVE
City-St-Zip: ORLANDO, FL 32818

Title: D () Delete
Name: BROCKINGTON, MCKENZIE
Address: 7622 COVEDALE DRIVE
City-St-Zip: ORLANDO, FL 32818

Title: D () Delete
Name: ELLIOTT, JOSCELYN T
Address: 3727 S. LAKE ORLANDO PKWY, STE #3
City-St-Zip: ORLANDO, FL 32808

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:

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: LESTER WRIGHT

O/T

01/25/2008

Electronic Signature of Signing Officer or Director

Date