

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008401

FILED  
Feb 16, 2009  
Secretary of State

**Entity Name:** CONSUMER FEDERATION OF THE SOUTHEAST, INC.

**Current Principal Place of Business:**

2086 WILDRIDGE DRIVE  
TALLAHASSEE, FL 32303 US

**New Principal Place of Business:**

**Current Mailing Address:**

2086 WILDRIDGE DRIVE  
TALLAHASSEE, FL 32303 US

**New Mailing Address:**

**FEI Number:** 13-4267702

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CARROLL AND COMPANY, CPAS, PA  
2640-A MITCHAM DR.  
TALLAHASSEE, FL 32308 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: PD ( ) Delete  
Name: DARTLAND, WALTER  
Address: 2086 WILDRIDGE DRIVE  
City-St-Zip: TALLAHASSEE, FL 32303

Title: STD ( ) Delete  
Name: DARTLAND, DIANA W  
Address: 2086 WILDRIDGE DRIVE  
City-St-Zip: TALLAHASSEE, FL 32303

Title: D ( ) Delete  
Name: RUIZ, GEORGIA  
Address: 6200 SW 116TH STREET  
City-St-Zip: PINECREST, FL 33156

Title: D ( ) Delete  
Name: LEONARD, ROBERT  
Address: 104 AGOA RA DRIVE  
City-St-Zip: JENSEN BEACH, FL 34957

Title: D ( ) Delete  
Name: ZIPKIN, SHELLEN  
Address: 865 NE 174TH STREET  
City-St-Zip: NORTH MIAMI, FL 33136

Title: D ( ) Delete  
Name: PETERSON, JENNIFER  
Address: 1415 COREY ROAD  
City-St-Zip: MALABAR, FL 32950

**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:

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: WALTER DARTLAND

PRES

02/16/2009

Electronic Signature of Signing Officer or Director

Date