2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# N04000001249

Entity Name: CENTRAL FLORIDA CHAPTER, SPEBSQSA, INC.

Current Principal Place of Business:

% KENNETH E CARTER
1202 ARRIAGO WAY
THE VILLAGES, FL 32162

New Principal Place of Business:

Current Mailing Address:

P O BOX 949
LADY LAKE, FL 32158

New Mailing Address:

FEI Number: 39-6089130 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CARTER, KENNETH E
1202 ARRIAGO WAY
THE VILLAGES, FL 32162 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:	MARTIN, THOMAS	
Address:	1704 SE 119 CIRCLE	
City-St-Zip:	SUMMERFIELD, FL 34491	
Title:	EVP	( ) Delete
Name:	DONOHOE, FRAN	
Address:	1171 E TRIPLE CROWN LOOP	
City-St-Zip:	HERNANDO, FL 34442	
Title:	S	( ) Delete
Name:	GEMRLEIN, JAMES	
Address:	1658 MEDINA AVE	
City-St-Zip:	LADY LAKE, FL 32159	
Title:	T	( ) Delete
Name:	MARTIN, JAMES	
Address:	180 CROSSWAYS DR	
City-St-Zip:	LEESBURG, FL 34788	
Title:	D	( ) Delete
Name:	FISCHER, RICHARD W	
Address:	1422 CARRILLO ST	
City-St-Zip:	THE VILLIAGES, FL 32162	
Title:	D	( ) Delete
Name:	CARTER, KENNETH	
Address:	1202 ARRIAGO WAY	
City-St-Zip:	THE VILLAGES, FL 32162	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	P	(X) Change ( ) Addition
Name:	KIRKPATRICK, DAVID	
Address:	41900 ISLAND LAKE LANE	
City-St-Zip:	UMATILLA, FL 32784	
Title:	EVP	(X) Change ( ) Addition
Name:	HALEY, JOHN	
Address:	1653 ROSEBURY LOOP	
City-St-Zip:	THE VILLAGES, FL 32162	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	LATHOM, HAROLD	
Address:	1404 GEORGIANA TERRACE	
City-St-Zip:	THE VILLAGES, FL 32162	
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: JAMES C. GEHRLEIN SEC 01/13/2009

Electronic Signature of Signing Officer or Director — Date