


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90032 020 ****61.25

DOCUMENT # N04000003436	
1. Entity Name CENTRAL FLORIDA AFRICAN VIOLET SOCIETY, INC.	

Principal Place of Business 2400 DOLPHIN RD TITUSVILLE, FL 32780	Mailing Address 2400 DOLPHIN RD TITUSVILLE, FL 32780
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DO NOT WRITE IN THIS SPACE



04152008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-0909949	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BLAKELY, ELVIE L 2400 DOLPHIN RD TITUSVILLE, FL 32780
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BLAKELY, ELVIE L 2400 DOLPHIN RD TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BRIGGS, EVELYN 448 AUTUMN OAKS DR LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T-D Janny Camble, P.O. Box 577 Gainesville, FL 32732
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Emelyn L. Briggs</u>	4-17-08	407-322-1409
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #