

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004468

FILED
May 01, 2009
Secretary of State

Entity Name: CENTER FOR FINANCIAL LITERACY INC.

Current Principal Place of Business:

205 6TH STREET
INDIALANTIC, FL 32903

New Principal Place of Business:

Current Mailing Address:

205 6TH STREET
INDIALANTIC, FL 32903

New Mailing Address:

FEI Number: 20-0938261 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

AIELLO, HEATHER C
209 6TH STREET
INDIALANTIC, FL 32903 US

Name and Address of New Registered Agent:

AIELLO, HEATHER C
322 3RD AVENUE
INDIALANTIC, FL 32903 US

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: _____

05/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: AIELLO, HEATHER C M.S
Address: 209 6TH STREET
City-St-Zip: INDIALANTIC, FL 32903

Title: PD () Delete
Name: MONNOT, MATTHEW J PHD
Address: 1330 A VERSAILLES
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: D () Delete
Name: LYMAN, IV, ARTHUR RICHARD LT COL
Address: 6188 GEORGETOWN RD
City-St-Zip: BROAD RUN, VA 20137

Title: D () Delete
Name: MCELHINNEY, LESLIE B.S.
Address: 105 SOUTH RIVERSIDE DRIVE #154
City-St-Zip: INDIALANTIC, FL 32903

Title: D () Delete
Name: PETRILLO, KATHY M.S.
Address: 328 LEEWARD DRIVE
City-St-Zip: JUPITER, FL 34997

Title: S () Delete
Name: EVANS, AMANDA L PHD
Address: 582 HEATHER AVENUE NORTH EAST
City-St-Zip: PALM BAY, FL 32907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: AIELLO, HEATHER C M.S
Address: 322 3RD AVENUE
City-St-Zip: INDIALANTIC, FL 32903

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: S (X) Change () Addition
Name: EVANS, AMANDA L PHD
Address: 209 SIXTH AVENUE
City-St-Zip: INDIALANTIC, FL 32903

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: HEATHER C. AIELLO

CEO

05/01/2009

Electronic Signature of Signing Officer or Director

Date