## 2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# N04000006598

TILED
Jun 22, 2009
Secretary of State

Entity Name: THE QUEST FOUNDATION OF CENTRAL FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

212 W. MICHIGAN STREET ORLANDO, FL 32806

Current Mailing Address: New Mailing Address:

1101 MIRANDA LANE KISSIMMEE, FL 347410769

FEI Number: 20-1311778 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

BAILEY, ANDRAE 4625 LAKE CALABAY DRIVE ORLANDO, FL 32837 US

**OFFICERS AND DIRECTORS:** 

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

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## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: PD ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 BAILEY, ANDRAE
 Name:
 HUNT, AUSTIN

 Address:
 4625 LAKE CALABAY DRIVE
 Address:
 1360 28TH STREET

 City-St-Zip:
 ORLANDO, FL 32837
 City-St-Zip:
 VERO BEACH, FL 32960

 $\label{eq:title:sde} {\sf Title:} \qquad {\sf SD} \qquad (\ ) \ {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf SD} \qquad ({\sf X}) \ {\sf Change} \ (\ ) \ {\sf Addition}$ 

 Name:
 BAILEY, ZWINDA
 Name:
 BAILEY, JOSEPH

 Address:
 4625 LAKE CALABAY DRIVE
 Address:
 110 COBALT DRIVE

 City-St-Zip:
 ORLANDO, FL 32837
 City-St-Zip:
 KISSIMMEE, FL 32779

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 TAYLOR, SCOTT
 Name:

 Address:
 212 W. MICHIGAN STREET
 Address:

 City-St-Zip:
 ORLANDO, FL 32806
 City-St-Zip:

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 BELL, JOHN
 Name:

 Address:
 1604 BEAR LAKE ROAD
 Address:

 City-St-Zip:
 BLACKFORD, GA 23917
 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: AUSTIN HUNT PRES 06/22/2009