

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009484

FILED  
Apr 24, 2008  
Secretary of State

Entity Name: CENTRAL FLORIDA CHAPTER, MOWW, INC.

**Current Principal Place of Business:**

180302  
CASSELBERRY, FL 327180302 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 180302  
CASSELBERRY, FL 327180302 US

**New Mailing Address:**

FEI Number: 65-1239099      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CLARK, LTC WM D  
2017 KEWANNEE TRL  
CASSELBERRY, FL 327075614 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: C ( ) Delete  
Name: CHENEY, JOHN V  
Address: 3012 SARATOGA DR  
City-St-Zip: ORLANDO, FL 328065625

Title: SVC ( ) Delete  
Name: GREIST, DAVID M  
Address: 671 WOODBRIDGE DR  
City-St-Zip: FERN PARK, FL 327302932

Title: JVC ( ) Delete  
Name: KOOISTRA, ALBERT  
Address: PO BOX 940494  
City-St-Zip: MAITLAND, FL 327940494

Title: T ( ) Delete  
Name: CLARK, WILLIAM D  
Address: 2017 KEWANNEE TRL  
City-St-Zip: CASSELBERRY, FL 327075614

Title: A ( ) Delete  
Name: SCHUDER, WM J  
Address: 250 IVY FARM LANE  
City-St-Zip: CASSELBERRY, FL 327074304

**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:

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: WILLIAM D CLARK

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

T

04/24/2008

\_\_\_\_\_  
Date