

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009484

FILED
Apr 15, 2009
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: WM D CLARK

_____ Electronic Signature of Signing Officer or Director

T

04/15/2009

_____ Date