


112

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

| | | | |
|---|--|---|---|
| DOCUMENT # N05000005412 | |  | |
| 1. Entity Name CENTRAL FLORIDA ATHLETIC CLUB INC | | | |
| Principal Place of Business 1108 ROYAL ST GEORGE DR ORLANDO, FL 32828 | | Mailing Address 1108 ROYAL ST GEORGE DR ORLANDO, FL 32828 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| | | 07272006 | Chg-NP CR2E037 (4/06) |
| | | 4. FEI Number | 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 | | 7. Name and Address of New Registered Agent | |
| KING, RANDALL S 1108 ROYAL ST GEORGE DR ORLANDO, FL 32828 | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| Filing Fee is \$61.25 Due by September 6, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P KING, RANDALL S 1108 ROYAL ST GEORGE DR ORLANDO, FL 32828 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 000080453950 10/04/06--01023--018 **\$61.25 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP KING, Colleen D 1108 Royal St George Dr Orlando FL 32828 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SEER <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition JP 10/20 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Treas Aswad Smith 1108 Royal St George Dr Orlando FL 32828 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 reports 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date 407 234 6779 Daytime Phone # | |

Division Of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

September 29, 2006

RE: Central Florida Athletic Club Tax ID 20-0094452

To Whom It May Concern:

It has come to my attention that you office had not received our annual report and payment mailed out September 3, 2006. The result of this lost report and payment has been the dissolution of our corporation. Today I made a call to you office and was instructed to put a stop payment on the original amount and resend the report along with payment and a letter of explanation asking for this payment to be posted and the reinstatement of our corporation. Without this we are unable to receive our funding and directly cause our foundation to be adversely affected. Please help us to resolve this issue as soon as possible. If you need to further discuss this matter please feel free to contact me at 407-234-6779.

Regards,


Randall S. King