2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

5/3/

FILED Jun 22, 2007 8:00 am Secretary of State

DOCUMENT # N0600003893 1. Entity Name CENTRAL FLORIDA TECHNOLOGY FOUNDATION, INC.									05-03-2	2007 900-	41 011 ***	·*61.25
Principal Place of Business 6700 CONROY RD STE 250 ORLANDO, FL 32835			Mailing Address PO BOX 618500 ORLANDO, FL 32861			٠٠,						
3 Principal F	Place of Business	3. Mailing Address						14 18 O LIJE 8 O DIJ 18 O			UHIAI OI IEB!	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					05012007	Chg-NP	CR2E	E037 (12/06)	
City & State Kissimmet FL			City & State				4	4. FEI Number	,			pplied For lot Applicable
なり	39744 Country		Zip	Zip		Country		5. Certificate o	of Status Desire	ed 🛚	\$8.75 Ad Fee Require	
	6. Name and A	ddress of Current	Registered Age	nt				****	Address of Ne		d Agent	
6700 CON STE 250	WILLIAM J IROY RD D, FL 32835					Name William Tay Byrosk Street Address (P.O. Box Number is Not Acceptable)						
ORLANDO), FL 32033					Sity K: Scande FL Zip Soden 40						
8. The above named eatily submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamiliar with, and act the obligations of registered agent.												, and accept
SIGNATURE Signatur. hpad or printed name of registeristic flaguarters late if enviacable. (NOTE: Regulatered Agent signature required when re-instance) DATE												
	filing Fee is 5 Due by May 1		9. Election Campaign Fi Trust Fund Contribution			\$5.00 May Be Added to Fees			Make check payable to Florida Department of State			
10.		OFFICERS AND DIF	RECTORS		11.		ADE	DITIONS/CHA	NGES TO OFF	ICERS AND	DIRECTORS IN	V 10
TITLE	PRES Delete I						_ (2			Change	☐ Addilion
NAME STREET ADDRESS	BUNNER, WILL 6700 CONROY	STREET ADDRESS CHT'-SI-ZIP			00 (S 17/1	30x 618	(522 5220	ş.				
CITY-ST-ZIP	ORLANDO, FL	32835			<u> </u>	1-ZP •		"" o r	2 510	()		
NAME STREET ADDRESS CITY-ST-ZIP	SORG, ERIC A 8700 CONROY ORLANDO, FL		L	Dalete	NAME STREET CITY-S	OORESS	P= 1	Box 6	1850 - 3281		☐ Change	☐ Addition
HITLE	10			Delete	TITLE			20.88 1 A			Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP					NAME STREET CITY-S	ADORESS II-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete	TITLE NAME STREET CITY-S	ADORESS					☐ Change	☐ Addition
TITLE NAME		· · · · · · · · · · · · · · · · · · ·		Delete	TITLE NAME						☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP					STREET CITY-S	ADDRESS 1-21P						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete	TITLE NAME STREET CITY-ST	ADONESS 1-ZIP					☐ Change	' 🔲 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 report 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: JACON SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAMO OFFICER OR DIRECTOR DOIS DEVAND PRINTED NAME OF SIGNAMO OFFICER OR DIRECTOR DOIS DEVAND PRINTED NAME OF SIGNAMO OFFICER OR DIRECTOR												