

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006244

FILED
Jan 16, 2009
Secretary of State

Entity Name: CENTRAL FLORIDA USHERS CONFERENCE INC.

Current Principal Place of Business:

4201 WEST COLUMBIA STREET
ORLANDO, FL 32811 US

New Principal Place of Business:

Current Mailing Address:

1259 E. GRANT AVENUE
MOUNT DORA, FL 32757 US

New Mailing Address:

FEI Number: 16-1762322 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MCNAIR, KEITH P
1259 E. GRANT AVENUE
MOUNT DORA, FL 32757 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: P () Delete
Name: MCNAIR, KEITH P
Address: 1259 E. GRANT AVENUE
City-St-Zip: MOUNT DORA, FL 32757 US

Title: VP () Delete
Name: BLACKSHEAR, BARBARA
Address: 1431 CAPE COVE BLVD.
City-St-Zip: ORLANDO, FL 32808 US

Title: RS () Delete
Name: HOLMES, BARB ARA
Address: 5537 BRECKENRIDGE CIRCLE
City-St-Zip: ORLANDO, FL 32818 US

Title: FS () Delete
Name: ANDERSON, BRENDA
Address: 6115 CENTENNIAL DRIVE
City-St-Zip: ORLANDO, FL 32808 US

Title: T () Delete
Name: HARGROVE, ANTHONY
Address: 4531 DUTTON DRIVE
City-St-Zip: ORLANDO, FL 32808 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: RS (X) Change () Addition
Name: HOLMES, BARBARA
Address: 5537 BRECKENRIDGE CIRCLE
City-St-Zip: ORLANDO, FL 32818 US

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: KEITH P. MCNAIR

P

01/16/2009

Electronic Signature of Signing Officer or Director

Date