

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008249

FILED
Feb 26, 2009
Secretary of State

Entity Name: CENTRAL FLORIDA TABLE TENNIS INC

Current Principal Place of Business:

4209 MONARCH DR
ORLANDO, FL 32812

New Principal Place of Business:

3401 S. CONWAY RD.
ORLANDO, FL 32812

Current Mailing Address:

4209 MONARCH DR
ORLANDO, FL 32812

New Mailing Address:

11869 OTTAWA AVE.
ORLANDO, FL 32837

FEI Number: 20-5324790

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, ADAM K
4209 MONARCH DR
ORLANDO, FL 32812 US

Name and Address of New Registered Agent:

JOHNSON, ADAM K
11869 OTTAWA AVE.
ORLANDO, FL 32837 US

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:

02/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JOHNSON, ADAM K
Address: 4209 MONARCH DR
City-St-Zip: ORLANDO, FL 32812

Title: VP () Delete
Name: TSE, KENT
Address: 603 HILLCREST STREET
City-St-Zip: ORLANDO, FL 32803

Title: S () Delete
Name: TRAN, HUNG D
Address: 10325 DYLAN ST. APT935
City-St-Zip: ORLANDO, FL 32825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: TIGNEY, LARRY
Address: 5117 CURRY FORD RD. # 1
City-St-Zip: ORLANDO, FL 32812

Title: S (X) Change () Addition
Name: TRAN, HUNG D
Address: 1405 SILVERTHORN DR.
City-St-Zip: ORLANDO, FL 32825

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: ADAM JOHNSON

P

02/26/2009

Electronic Signature of Signing Officer or Director

Date