


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90182 013 \*\*\*\*61.25

DOCUMENT # N06000009104	
1. Entity Name TKE ALUMNI ASSOCIATION OF CENTRAL FLORIDA, INC.	

Principal Place of Business <del>600 LONG LAKE DR</del> OVIEDO, FL 32765	Mailing Address 600 LONG LAKE DR OVIEDO, FL 32765
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2. Principal Place of Business - No P.O. Box # 7800 Lake Dawn Dr	3. Mailing Address 7800 Lake Dawn Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Winter Park, FL	City & State Winter Park FL
Zip 32792	Zip 32792
Country	Country

04282008 Chg-NP CR2E037 (12/06)

4. FEI Number 20-5681502	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BALASCHAK, JAMES G <del>600 LONG LAKE DR</del> OVIEDO, FL 32765	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7800 Lake Dawn Dr City Winter Park FL Zip Code 32792	

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 James G Balaschak DATE 4/28/2008

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRUMBLES, ROBERT 1333 SILVERTHORN DR ORLANDO, FL 32825 <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	TD BALASCHAK, JAMES 600 LONG LAKE DR OVIEDO, FL 32765 <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
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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 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: James G Balaschak DATE 4/28/2008 DAYTIME PHONE # 407 599 1008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR