


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000009494 1. Entity Name CORNWALL COLLEGE OLD BOY'S ASSOCIATION OF CENTRAL FLORIDA, INC.	
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Principal Place of Business 13905 BRUCE B. DOWNS BLVD., SUITE B TAMPA, FL 33613	Mailing Address 13905 BRUCE B. DOWNS BLVD., SUITE B TAMPA, FL 33613
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04232008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-5623865	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

**AIRD, CECIL C M.D.
13905 BRUCE B. DOWNS BLVD., SUITE B
TAMPA, FL 33613**

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IN THIS SPACE**

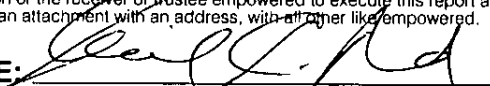
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	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	06/02/08-80004-024 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AIRD, CECIL C MD 13905 BRUCE B. DOWNS BLVD., SUITE B TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCGANN, ALBERT MD 13905 BRUCE B. DOWNS BLVD., SUITE B TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CLARK, WAYNE 5008 BEECHCRAFT WAY SEFFNER, FL 33584
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 another like empowered.

SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4/24/08 (813) 9789494 <small>Date Daytime Phone #</small>
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