2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002106

FILED Mar 31, 2009 Secretary of State

Entity Name: COMPUTERS UNLIMITED LITERACY AND FAMILY SERVICES CENTER INC.

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
6821 WEST COLONIAL DRIVE ORLANDO, FL 32818			SUITE A	19 N. WESTMORELAND DRIVE SUITE A ORLANDO, FL 32805		
Current Mailing Address: 6821 WEST COLONIAL DRIVE ORLANDO, FL 32818			New Maili	New Mailing Address: 19 N. WESTMORELAND DRIVE SUITE A ORLANDO, FL 32805		
			SUITE A			
FEI Number:	:	FEI Number Applied For ()	FEI Number Not App	licable (X) Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:		
	SCOTT, ANGE	ELA				
), FL 32818	US				
in the State	e of Florida.	submits this statement for the pu	rpose of changing	its registered office or registered agent, or b	ooth,	
SIGNATOR		ic Signature of Registered Agen	ıt	Date		
	Electror	ic Signature of Registered Agen		Date	TOPS	
	Electron	TORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIREC	TORS	
OFFICER: Title: Name: Address:	Electron	TORS: Delete IT, ANGELA COURT			CTORS	
	Electron S AND DIREC P () DORELIE-SCO 6750 RUBENS ORLANDO, FL	Delete IT, ANGELA COURT 32818 Delete IE COURT	ADDITION Title: Name: Address:	NS/CHANGES TO OFFICERS AND DIREC	CTORS	
OFFICER: Title: Name: Address: City-St-Zip: Title: Name: Address:	Electron S AND DIREC P () DORELIE-SCO 6750 RUBENS ORLANDO, FL V () SCOTT, TYRON 6750 RUBENS ORLANDO, FL	Delete IT, ANGELA COURT 32818 Delete IE COURT 32818 Delete UE COURT 32818	ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address:	NS/CHANGES TO OFFICERS AND DIRECT () Change () Addition	CTORS	
OFFICERS Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	Electron S AND DIREC P () DORELIE-SCO 6750 RUBENS ORLANDO, FL V () SCOTT, TYRON 6750 RUBENS ORLANDO, FL S () CHANNER, DU 922 INCHON CO ORLANDO, FL	Delete IT, ANGELA COURT 32818 Delete IE COURT 32818 Delete UE COURT 32818	ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	() Change () Addition () Change () Addition () Change () Addition V (X) Change () Addition RUSS, MARK 1406 CROOMS AVE ORLANDO, FL 32805 S () Change (X) Addition JETER-WILSON, DONNA 7742 COVEDALE DRIVE	CTORS	

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: MARK RUSS T 03/31/2009