

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003402

FILED  
Jul 08, 2008  
Secretary of State

**Entity Name:** CENTRAL FLORIDA CHAPTER OF RETA, CORP.

**Current Principal Place of Business:**

3895 SAM KEEN RD.  
LAKE WALES, FL 33898

**New Principal Place of Business:**

**Current Mailing Address:**

3895 SAM KEEN RD.  
LAKE WALES, FL 33898

**New Mailing Address:**

**FEI Number:** 65-1303295      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

LEAVELL, ERNEST L  
3895 SAM KEEN RD  
LAKE WALES, FL 33898      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: MCVEIGH, SEAN  
Address: 21630 CHAUTAUQUA ST  
City-St-Zip: EUSTIS, FL 32736

Title: VP      ( ) Delete  
Name: JOHNSTON, GEORGE  
Address: 1001 13TH AVE EAST  
City-St-Zip: BRADENTON, FL 34208

Title: VP      ( ) Delete  
Name: ELLERBROCK, DEAN  
Address: 1950 W. NEW HAMPSHIRE  
City-St-Zip: ORLANDO, FL 32804

Title: S/T      ( ) Delete  
Name: LEAVELL, ERNEST L  
Address: 3895 SAM KEEN RD  
City-St-Zip: LAKE WALES, FL 33898

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: ERNEST L. LEAVELL

S/T

07/08/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date