2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N07000004008

Entity Name: CENTRAL FLORIDA CRICKET ASSOCIATION, INC.

Current Principal Place of Business:

6121 RALEIGH STREET
APT. 702
ORLANDO, FL 32835 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 617438
ORLANDO, FL 32861 US

New Mailing Address:

FEI Number: 26-0245857 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DANIEL, LOUIS P
7318 WINDING LANE CIRCLE
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

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: D ( ) Delete
Name: DANIEL, LOUIS P
Address: 7318 WINDING LANE CIRCLE
City-St-Zip: OVIEDO, FL 32765 US

Title: D ( ) Delete
Name: GREY, OWEN A V
Address: 3109 BELLE SHADOW LANE
City-St-Zip: TAMPA, FL 33634 US

Title: D ( ) Delete
Name: CAMPBELL, ORDINE L S
Address: 6121 RALEIGH STREET
City-St-Zip: ORLANDO, FL 32835 US

Title: D ( ) Delete
Name: ALLEYNE, ROMAN L T
Address: 3910 WOODGLADE COVE
City-St-Zip: WINTER PARK, FL 32792 US

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: ROMAN L. ALLEYNE T 04/15/2009

Electronic Signature of Signing Officer or Director — Date