## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000005479

Entity Name: CENTRAL FLORIDA CHAPTER - ACFA INC.

FILED Aug 02, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

4814 CASON COVE DRIVE 4814 CASON COVE DRIVE

SUITE 101 SUITE 101

ORELANDO, FL 32811 ORLANDO, FL 32811

**Current Mailing Address:** New Mailing Address:

4814 CASON COVE DRIVE 4814 CASON COVE DRIVE SUITE 101 SUITE 101

ORELANDO, FL 32811 LIS ORLANDO, FL 32811-632 US

FEI Number: 26-0311987 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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:

KOENIG, JOSEPH A 4814 CASON COVE DRIVE SUITE 101 ORLANDO, FL 32811 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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

## **OFFICERS AND DIRECTORS:**

(X) Change ( ) Addition

() Delete KOENIG, JOSEPH A KOENIG, JOSEPH A Name: Name:

4814 CASON COVE DRIVE, STE 101 Address: 4814 CASON COVE DRIVE, STE 101 Address:

City-St-Zip: ORLANDO, FL 32811 US City-St-Zip: ORLANDO, FL 32811 US

Title: () Delete Title: (X) Change ( ) Addition EMERTON, ROGER C Name: EMERTON, ROGER C Name:

Address: 2457A HIAWASSEE RD. STE 311 Address: 2457A HIAWASSEE RD. STE 311

City-St-Zip: ORLANDO, FL 32835 US City-St-Zip: ORLANDO, FL US

Title: SEC () Delete Title: SEC (X) Change ( ) Addition ANDERSEN, NANCY ANDERSEN, NANCY Name: Name: Address: 610 LIVE OAK ST Address: 610 LIVE OAK ST

City-St-Zip: MAITLAND, FL 32751 US City-St-Zip: MAITLAND, FL US

(X) Change ( ) Addition Title: TRE ( ) Delete Title: TRE

Name: MULLEN, DEBBIE Name: MULLEN, DEBBIE Address: 8142 STEEPLE CHASE BV Address: 8142 STEEPLE CHASE BV City-St-Zip: ORLANDO, FL 32818 US City-St-Zip: ORLANDO, FL US

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: JOSEPH A KOENIG 4814 CASON COVE DR #101. O

**PRES** 

08/02/2008

Electronic Signature of Signing Officer or Director

Date