2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N07000005479

Entity Name: CENTRAL FLORIDA CHAPTER - ACFA INC.

Current Principal Place of Business:

4814 CASON COVE DRIVE
SUITE 101
ORLANDO, FL 32811 US

New Principal Place of Business:

Current Mailing Address:

4814 CASON COVE DRIVE
SUITE 101
ORLANDO, FL 32811 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

KOENIG, JOSEPH A
4814 CASON COVE DRIVE
SUITE 101
ORLANDO, FL 32811 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:	PRES	( ) Delete
Name:	KOENIG, JOSEPH A	
Address:	4814 CASON COVE DRIVE, STE 101	
City-St-Zip:	ORLANDO, FL 32811 US	
Title:	VP	(X) Delete
Name:	EMERTON, ROGER C	
Address:	2457A HIAWASSEE RD, STE 311	
City-St-Zip:	ORLANDO, FL US	
Title:	SEC	(X) Delete
Name:	ANDERSEN, NANCY	
Address:	610 LIVE OAK ST	
City-St-Zip:	MAITLAND, FL US	
Title:	TRE	(X) Delete
Name:	MULLEN, DEBBIE	
Address:	8142 STEEPLE CHASE BV	
City-St-Zip:	ORLANDO, FL 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: JOSEPH A KOENIG PRES 04/27/2009

Electronic Signature of Signing Officer or Director — Date