2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2009
Secretary of State

DOCUMENT# N07000006332

Entity Name: SENTINELS OF FREEDOM OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

6985 WALLACE RD
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

6985 WALLACE RD
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 26-0336829 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LUDWIG, ERIC ESQ
250 N ORANGE AVE SUITE 1250
ORLANDO, FL 327142522 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: TPD ( ) Delete
Name: MCMURTRIE, HUDSON
Address: 6985 WALLACE RD
City-St-Zip: ORLANDO, FL 32819

Title: VD ( ) Delete
Name: GRASSO, FRANK
Address: 802 MILLS ESTATES PL
City-St-Zip: CHULUOTA, FL 32766

Title: STD ( ) Delete
Name: HOLSAPPLE, PENN
Address: 7932 W SAND LAKE RD #301
City-St-Zip: ORLANDO, FL 32819

Title: D ( ) Delete
Name: ROSE, DAVID
Address: 954 S ORLANDO AVE
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: STD (X) Change ( ) Addition
Name: FLEMING, ROGER
Address: 1522 N JOHN YOUNG PKWY
City-St-Zip: KISSIMMEE, FL 34741

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: HUDSON MCMURTRIE TPD 02/26/2009

Electronic Signature of Signing Officer or Director — Date