

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007434

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** CENTRAL FLORIDA WOLVERINE SPIRIT GROUP, INC.

**Current Principal Place of Business:**

3224 DANTE DRIVE  
206  
ORLANDO, FL 32835 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 137  
WINDERMERE, FL 34786 US

**New Mailing Address:**

**FEI Number:** 20-5712694

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PARKER, CORNELIUS  
14216 CONFETTI DR  
WINDERMERE, FL 34786 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: P ( ) Delete  
Name: RADKEWICH, KATE  
Address: 3224 DANTE DRIVE APT 206  
City-St-Zip: ORLANDO, FL 32835 US

Title: VP ( ) Delete  
Name: MARQUIS, LARRY  
Address: 1303 LAURA ST  
City-St-Zip: CASSELBERRY, FL 32907 US

Title: S ( ) Delete  
Name: MALOZIEC, RANDALL D  
Address: 1716 VIRGINIA DRIVE  
City-St-Zip: ORLANDO, FL 32803 US

Title: T ( ) Delete  
Name: RAS, ALEXANDER  
Address: 6413 ASTOR VILLAGE AVE APT 308  
City-St-Zip: ORLANDO, FL 32835 US

Title: D ( ) Delete  
Name: HOLLIS, JEREMY A  
Address: 3280 SOHO ST APT 308  
City-St-Zip: ORLANDO, FL 32835

Title: D ( ) Delete  
Name: PARKER, CORNELIUS  
Address: 14216 CONFETTI DR  
City-St-Zip: WINDERMERE, FL 34786

**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:

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: RANDALL MALOZIEC

S

04/29/2009

Electronic Signature of Signing Officer or Director

Date