

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010886

FILED
Apr 22, 2009
Secretary of State

Entity Name: CENTRAL FLORIDA COMMUNITY PLANNING ORGANIZATION INC.

Current Principal Place of Business:

903 E. CURTIS STREET
TAMPA, FL 33603

New Principal Place of Business:

Current Mailing Address:

903 E. CURTIS STREET
TAMPA, FL 33603

New Mailing Address:

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

Name and Address of Current Registered Agent:

JOSEPHS-MARSHALL, CARROL S
10236 GOLDENBROOK WAY
TAMPA, FL 33647 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: COCROFT, RENEE
Address: 903 E. CURTIS STREET
City-St-Zip: TAMPA, FL 33603

Title: VP () Delete
Name: JOSEPHS-MARSHALL, CARROL S
Address: 10236 GOLDENBROOK WAY
City-St-Zip: TAMPA, FL 33647

Title: SEC () Delete
Name: JACKSON, MYRON A
Address: 901 W. VIRGINIA AVENUE
City-St-Zip: TAMPA, FL 33603

Title: TRES () Delete
Name: TORRETTA, MARIAN
Address: 10930 LYNN LAKE CIRCLE
City-St-Zip: TAMPA, FL 33625

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: RENEE COCROFT

P

04/22/2009

Electronic Signature of Signing Officer or Director

Date