

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000012253

FILED
Apr 07, 2009
Secretary of State

Entity Name: COMMUNITY DISPUTE SETTLEMENT CENTER, INC.

Current Principal Place of Business:

725 S. GOLDWYN AVE.
ORLANDO, FL 32805

New Principal Place of Business:

725 S. GOLDWYN AVE.
SUITE A
ORLANDO, FL 32805

Current Mailing Address:

725 S. GOLDWYN AVE.
ORLANDO, FL 32805

New Mailing Address:

FEI Number: 20-1546138 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

THOMAS, ANDREW
267 VIA TUSCANY LOOP
LAKE MARY, FL 32746 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: DP () Delete
Name: SMITH, WAYNE
Address: 638 BAYTORT DR.
City-St-Zip: KISSIMMEE, FL 32475

Title: DST () Delete
Name: COLLINS, CHRISTIE
Address: 1001 S. KIRKMAN RD., APT. 69
City-St-Zip: ORLANDO, FL 32811

Title: DV () Delete
Name: SIMMONS, JUSTIN
Address: 1001 S. KIRKMAN RD., APT. 81
City-St-Zip: ORLANDO, FL 32811

Title: D () Delete
Name: GLADDEN-MIXON, MELANIE V.
Address: 2535 N. HASTINGS ST.
City-St-Zip: ORLANDO, FL 32807

Title: D () Delete
Name: RITFELD, GUNO O.
Address: 725 S. GOLDWYN AVE.
City-St-Zip: ORLANDO, FL 32805

Title: D () Delete
Name: THOMAS, JULIEN
Address: 1081 S. KIRKMAN RD., APT. 167
City-St-Zip: ORLANDO, FL 32811

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
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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: ANDREW THOMAS

Electronic Signature of Signing Officer or Director

DIR.

04/07/2009

Date