

# 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  
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

DIR.

04/07/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date