2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N08000002155

Entity Name: BUCKET BRIGADE FOUNDATION OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

3579 LAKE EMMA RD.
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

3579 LAKE EMMA RD.
LAKE MARY, FL 32746

New Mailing Address:

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

Name and Address of Current Registered Agent:

KELLY, MICHAEL
3579 LAKE EMMA RD.
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: D ( ) Delete
Name: KELLY, MICHAEL T.
Address: 8513 CYPRESS HOLLOW CT.
City-St-Zip: SANFORD, FL 32771

Title: D ( ) Delete
Name: TAYLOR, RICHARD P.
Address: 1538 EL PARDO DR.
City-St-Zip: TRINITY, FL 34655

Title: D ( ) Delete
Name: KEYSER, JERRY
Address: 1733 PENINSULA GLEN CT.
City-St-Zip: FUQUAY VARINA, NC 27526

Title: D ( ) Delete
Name: WALD, WILLIAM T.
Address: 1 KEY CAPRI, #111 W
City-St-Zip: TREASURE ISLAND, FL 33706

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: MICHAEL T KELLY D 04/28/2009

Electronic Signature of Signing Officer or Director — Date