2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002286

FILED Jan 21, 2009 Secretary of State

Entity Name: FOOTPRINTS OF CENTRAL FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: 3750 LAKE CENTER LOOP MOUNT DORA, FL 32757 **Current Mailing Address: New Mailing Address:** 3750 LAKE CENTER LOOP MOUNT DORA, FL 32757 FEI Number: 26-2001635 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SHYERS, LARRY E 3750 LAKE CENTER LOOP MOUNT DORA, FL 32757 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BLISS, ROBERT Name: Name: 2509 TREEMONTE DR Address: Address: City-St-Zip: EUSTIS, FL 32726 City-St-Zip: Title: Title: () Delete () Change () Addition Name: WILSON, JACK Name: Address: 2361 RUTH AVE Address: City-St-Zip: EUSTIS, FL 32726 City-St-Zip: Title: () Delete Title: () Change () Addition CAMPBELL, JANET S Name: Name: 1604 N. HAMPSHIRE AVE Address: Address: City-St-Zip: TAVARES, FL 32778 City-St-Zip: () Delete Title: Title: (X) Change () Addition Name: SHEPPARD, CHARLES Name: SHEPHERD, CHARLES 111 RIDGEVIEW CIRCLE 111 RIDGEVIEW CIRCLE Address: Address: City-St-Zip: EUSTIS, FL 32726 City-St-Zip: EUSTIS, FL 32726 Title: () Delete Title: () Change () Addition PICKREN, BARBARA Name: Name: 6765 OSAGE DR Address: Address: City-St-Zip: MOUNT DORA, FL 32757 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: CHARLES SHEPHERD D 01/21/2009