

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004453

FILED
Apr 29, 2009
Secretary of State

Entity Name: CENTRAL FLORIDA BAMBINO BUDDY BALL, INC.

Current Principal Place of Business:

846 BAY BRIDGE LANE
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

846 BAY BRIDGE LANE
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 26-2621488

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COWAN-SHERIDAN, SHARON
2976 HUNTERS LANE
OVIEDO, FL 32766 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: REECE, SARAH
Address: 846 BAY BRIDGE LANE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: V () Delete
Name: MARINO, BOBBY
Address: 220 PINEWINDS DRIVE
City-St-Zip: SANFORD, FL 32773

Title: S () Delete
Name: COWAN-SHERIDAN, SHARON
Address: 2976 HUNTERS LANE
City-St-Zip: OVIEDO, FL 32766

Title: T () Delete
Name: SLUSS, JODY
Address: 131 BUNKER LANE
City-St-Zip: SANFORD, FL 32771

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: SHARON COWAN-SHERIDAN

S

04/29/2009

Electronic Signature of Signing Officer or Director

Date