

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005397

FILED  
Mar 17, 2011  
Secretary of State

**Entity Name:** CENTRAL FLORIDA SELF DETERMINATION ADVOCACY COUNCIL INC.

**Current Principal Place of Business:**

6619 HORSESHOE BEND  
ORLANDO, FL 32822 US

**New Principal Place of Business:**

**Current Mailing Address:**

6619 HORSESHOE BEND  
ORLANDO, FL 32822 US

**New Mailing Address:**

**FEI Number:** 80-0169271

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DRUMMOND, CHRISTOPHER F  
960 ALBERTA STREET  
LONGWOOD, FL 32750 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: CHP  
Name: DRUMMOND, CHRISTOPHER F  
Address: 960 ALBERTA ST.  
City-St-Zip: LONGWOOD, FL 32750 US

Title: VC  
Name: RIPLEY, SAMME  
Address: 13531 BRISTLECONE CR.  
City-St-Zip: ORLANDO, FL 32825 US

Title: TREA  
Name: ROGERS, KAREN S  
Address: 394 CLEMSON DR.  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: SEC.  
Name: TAYLOR, ELIZABETH  
Address: 2704 RAEFORD COURT  
City-St-Zip: ORLANDO, FL 32806 US

Title: ADV.  
Name: HERRING, LINDA S ADVISOR  
Address: 6619 HORSE SHOE BEND  
City-St-Zip: ORLANDO, FL 32822 US

I hereby 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 all other like empowered.

SIGNATURE: LINDA S.HERRING

ADVI

03/17/2011

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

\_\_\_\_\_  
Date