

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000005436

**FILED**  
**Feb 22, 2010**  
**Secretary of State**

**Entity Name:** CENTRAL FLORIDA CIRCLE OF CHANGE INCORPORATED

**Current Principal Place of Business:**

642 WHEELING AVENUE  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

642 WHEELING AVENUE  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

**FEI Number:** 26-2638159

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TORROIJA, HOLLY  
642 WHEELING AVENUE  
ALTAMONTE SPRINGS, FL 32714 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  
**Name:** TORROIJA, HOLLY A  
**Address:** 642 WHEELING AVENUE  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32714

**Title:** S  
**Name:** GORDON, DALE  
**Address:** 642 WHEELING AVENUE  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32714

**Title:** T  
**Name:** FLYNN, KAREN  
**Address:** 642 WHEELING AVENUE  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32714

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:** HOLLY TORROIJA

DIR

02/22/2010

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

\_\_\_\_\_  
Date