

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010000

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** CENTRAL FLORIDA ATHLETIC ASSOCIATION, INC.

**Current Principal Place of Business:**

3201 HARBOR ROAD  
KISSIMMEE, FL 34746

**New Principal Place of Business:**

3184 S. JOHN YOUNG PKWY  
KISSIMMEE, FL 34746

**Current Mailing Address:**

3201 HARBOR ROAD  
KISSIMMEE, FL 34746

**New Mailing Address:**

**FEI Number:** 26-3653387      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

MILLER, SOUTH & MILHAUSEN, P.A.  
1000 LEGION PLACE, SUITE 1200  
ORLANDO, FL 32801 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: TP ( ) Delete  
Name: RAY, MALCOLME  
Address: 3201 HARBOR ROAD  
City-St-Zip: KISSIMMEE, FL 34746

Title: ST ( ) Delete  
Name: WILSON, PRINCENNA  
Address: 2270 TOURNAMENT COURT  
City-St-Zip: KISSIMMEE, FL 34746

Title: T ( ) Delete  
Name: BLACK, STACEY  
Address: 2701 OAK HAMMOCK PRESERVE BLVD  
City-St-Zip: KISSIMMEE, FL 34746

Title: T ( ) Delete  
Name: BLACK, JOHN  
Address: 2701 OAK HAMMOCK PRESERVE BLVD  
City-St-Zip: KISSIMMEE, FL 34746

Title: T ( ) Delete  
Name: RAY, GERMAINE  
Address: 3201 HARBOR ROAD  
City-St-Zip: KISSIMMEE, FL 34746

Title: T ( ) Delete  
Name: WILSON, MICHAEL  
Address: 2270 TOURNAMENT COURT  
City-St-Zip: KISSIMMEE, FL 34746

**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:

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: MALCOLME RAY

TP

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date