

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010157

FILED
Apr 08, 2009
Secretary of State

Entity Name: CFGIS WORKSHOP, INC.

Current Principal Place of Business:

1545 TWIN OAKS CIRCLE
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

1545 TWIN OAKS CIRCLE
OVIEDO, FL 32765

New Mailing Address:

PO BOX 622166
OVIEDO, FL 32762

FEI Number: 26-3696841

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILL, ALBERT E JR.
1545 TWIN OAKS CIRCLE
OVIEDO, FL 32765 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: D () Delete
Name: HILL, ALBERT E JR.
Address: 1545 TWIN OAKS CIRCLE
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: BOUROVA, STANIMIRA
Address: 390 LYNN STREET
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: CHURCH, NANCY R
Address: 1010 W BLUE SPRINGS AVENUE
City-St-Zip: ORANGE CITY, FL 32763

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: SANKARAN, LAKSHMI
Address: 743 MUSAGO RUN
City-St-Zip: LAKE MARY, FL 32746

Title: D () Change (X) Addition
Name: O'SULLIVAN, KATHY
Address: 860 SRPING ISLAND WAY
City-St-Zip: ORLANDO, FL 32828

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: STANIMIRA BOUROVA

D

04/08/2009

Electronic Signature of Signing Officer or Director

Date