

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010685

FILED
Jan 21, 2009
Secretary of State

Entity Name: CENTRAL FLORIDA SEXUAL ASSAULT FORENSIC EXAMINER TEAM INC.

Current Principal Place of Business:

1010 N. MAIN STREET
BUSHNELL, FL 33513

New Principal Place of Business:

Current Mailing Address:

1010 N. MAIN STREET
BUSHNELL, FL 33513

New Mailing Address:

FEI Number: 33-1195719 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LUNDAY, SABRA E
1010 N. MAIN STREET
BUSHNELL, FL 33513 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: CEO () Delete
Name: LUNDAY, SABRA E
Address: 1010 N. MAIN STREET
City-St-Zip: BUSHNELL, FL 33513

Title: C () Delete
Name: PADOAN, STEPHANIE
Address: 1010 N. MAIN STREET
City-St-Zip: BUSHNELL, FL 33513

Title: VP () Delete
Name: LUNDY, ANNIE
Address: 1010 N. MAIN STREET
City-St-Zip: BUSHNELL, FL 33513

Title: S () Delete
Name: LAMB, HEATHER
Address: 1010 N. MAIN
City-St-Zip: BUSHNELL, FL 33513

Title: T () Delete
Name: GREGORY, LELA
Address: 1010 N. MAIN STREET
City-St-Zip: BUSHNELL, FL 33513

Title: M () Delete
Name: COLE, AMANDA
Address: 1010 N. MAIN STREET
City-St-Zip: BUSHNELL, FL 33513

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: SABRA E. LUNDAY

CEO

01/21/2009

Electronic Signature of Signing Officer or Director

_____ Date