

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 04, 2009
Secretary of State

DOCUMENT# N08000010685

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:** C (X) Change () Addition
Name: MOFFIT, DEBORAH
Address: 1010 N. MAIN STREET
City-St-Zip: BUSHNELL, FL 33513**Title:** VC (X) Change () Addition
Name: POINTEVENT, MARCIE
Address: 1010 N. MAIN STREET
City-St-Zip: BUSHNELL, FL 33513**Title:** S (X) Change () Addition
Name: OLIVER, JO
Address: 1010 N. MAIN
City-St-Zip: BUSHNELL, FL 33513**Title:** T (X) Change () Addition
Name: WRIGHT, DONNA
Address: 1010 N. MAIN STREET
City-St-Zip: BUSHNELL, FL 33513**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

07/04/2009

Electronic Signature of Signing Officer or Director

Date