

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010995

FILED  
Jun 23, 2009  
Secretary of State

Entity Name: CENTRAL FLORIDA SDA ASSOCIATION, INC.

**Current Principal Place of Business:**

23201 NE 103RD AVE.  
FORT MC COY, FL 32134 US

**New Principal Place of Business:**

**Current Mailing Address:**

23201 NE 103RD AVE.  
FORT MC COY, FL 32134 US

**New Mailing Address:**

FEI Number: 26-3826864      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

WALTER, NELLIE D  
23201 NE 103RD AVE.  
FORT MC COY, FL 32134 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 ( ) Delete  
Name: WALTER, NELLIE D  
Address: 23201 NE 103RD AVE.  
City-St-Zip: FORT MC COY, FL 23134 US

Title: VP ( ) Delete  
Name: LOCKETT, JOHN  
Address: 23201 NE 103RD AVE  
City-St-Zip: FORT MC COY, FL 32134 US

Title: SEC ( ) Delete  
Name: BECK, EDD  
Address: 23201 NE 103RD AVE.  
City-St-Zip: FORT MC COY, FL 32134 US

Title: TRES ( ) Delete  
Name: BRUNO, DEDE  
Address: 23201 NE 103RD AVE.  
City-St-Zip: FORT MC COY, FL 32134 US

**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:

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: NELLIE WALTER

P

06/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date