

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000011854

FILED  
Apr 25, 2012  
Secretary of State

**Entity Name:** CENTRAL FLORIDA FRANCHISEE OWNERS ASSOCIATION CORP

**Current Principal Place of Business:**

8 HORSEMAN COVE  
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

8131 VINELAND AVE  
P.O. BOX 255  
ORLANDO, FL 32821

**New Mailing Address:**

**FEI Number:** 27-1476047      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ISHANI, FARI  
8 HORSEMAN COVE  
LONGWOOD, FL 32750      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: T  
Name: THAPER, HARVINDER  
Address: 15335 GROOSE POINT LN  
City-St-Zip: CLERMONT, FL 34714

Title: P  
Name: ISHANI, FARI  
Address: 8 HORSEMAN COVE  
City-St-Zip: LONGWOOD, FL 32750

Title: V  
Name: JORGENSEN, MICHAEL C  
Address: 1001 1 AVE N  
City-St-Zip: TIERRA VERDE, FL 33715

Title: S  
Name: ACKERMAN, BENJAMIN  
Address: 5000 MINTON RD NW  
City-St-Zip: PALM BAY, FL 32907

I hereby 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 all other like empowered.

SIGNATURE: FARI ISHANI

P

04/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date