2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: CFDC, INC.

Current Principal Place of Business:

C/O THE CENTRAL FLORIDA DISABILITY CHAMBER
3201 E. COLONIAL DRIVE, SUITE A-20
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

C/O THE CENTRAL FLORIDA DISABILITY CHAMBER
3201 E. COLONIAL DRIVE, SUITE A-20
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 90-0780729 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHOEMANN, PETER A
6932 SYLVAN WOODS DRIVE
SANFORD, FL 32771 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
Name: SCHOEMANN, PETER A
Address: 6932 SYLVAN WOODS DRIVE
City-St-Zip: SANFORD, FL 32771

Title: D
Name: GALLART, ROGUE
Address: 3257 FALCON POINT DRIVE
City-St-Zip: KISSIMMEE, FL 34741

Title: D
Name: SCHAUER, APRIL
Address: 16852 ARROWHEAD BLVD
City-St-Zip: WINTER GARDEN, FL 34787

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: APRIL M SCHAUER D 03/08/2012

Electronic Signature of Signing Officer or Director — Date