


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 06, 2006 8:00 am**  
**Secretary of State**

06-06-2006 90014 031 \*\*\*\*61.25

<b>DOCUMENT # N12034</b>	
1. Entity Name <b>CENTRAL FLORIDA PORCELAIN ARTISTS, INC.</b>	

Principal Place of Business <b>950 EMPRESS LANE ORLANDO FL 32825</b>	Mailing Address <b>950 EMPRESS LANE ORLANDO FL 32825</b>
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2. Principal Place of Business <i>First Baptist Church of Winter Park</i>	3. Mailing Address <i>4849 Shoreline Cir</i>
Suite, Apt. #, etc. <i>PARK</i>	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State <i>Winter Park, Florida</i>	City & State <i>SANFORD, FL</i>
Zip <i>32789</i>	Zip <i>32771</i>
Country <i>USA</i>	Country <i>USA</i>

4. FEI Number <b>59-2661639</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>NOLAND, GRACE 950 EMPRESS LANE ORLANDO FL 32825</b>	
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7. Name and Address of New Registered Agent	
Name <i>KAREN Bowles</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>4849 Shoreline Cir</i>	
City <i>SANFORD</i>	FL Zip Code <i>32771</i>

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D THOMPSON, CAROL 1925 E HAMPTON CIRCLE WINTER PARK FL 32792-1801 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PICKLER, CAROL 3838 SANIBEL COVE OVIEDO FL 32765 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REYNOLDS, MARV JO 2600 VIRGINIA DR ORLANDO FL 32803-2176 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REIHS, MEDIS 893 CHOKE CHERRY DR WINTER SPRINGS FL 32708 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARCHER, MILDRED 18 BRVAM AVE TITUSVILLE FL 32796-2708 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FINLEY, ELIZABETH 2230 GLENCOE RD WINTER PARK FL <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D CAROL PICKLER 3838 SANIBEL COVE OVIEDO, FL 32765 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D GRACE NOLAND 950 EMPRESS LANE ORLANDO FL 32825-8249 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DOROTHY MURLEY 11518 WAKE WILKES DR ORLANDO FL 32821-9309 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D KAREN BOWLES 4849 SHORELINE CIR SANFORD, FL 32771 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARY JO REYNOLDS 2600 VIRGINIA DR ORLANDO, FL 32708 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANN MANCIBO 445 STONEWOOD LN MAITLAND, FL 32751 <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Elizabeth Finley* 5/1/06 407-423-1070