

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18829

FILED
Apr 15, 2009
Secretary of State

Entity Name: CENTRAL FLORIDA REPEATER ASSOCIATION, INC.

Current Principal Place of Business:

3709 PELICAN LANE
ORLANDO, FL 32803 US

New Principal Place of Business:

Current Mailing Address:

3709 PELICAN LANE
ORLANDO, FL 32803 US

New Mailing Address:

FEI Number: 59-2789099

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOCERO, ROBERT J
3709 PELICAN LANE
ORLANDO, FL 32803 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: PD () Delete
Name: NOCERO, ROBERT
Address: 3709 PELICAN LN
City-St-Zip: ORLANDO, FL 32803

Title: VP () Delete
Name: JOHNSON, NEIL
Address: 2550 RIO PINAR LAKES BLVD
City-St-Zip: ORLANDO, FL 32822

Title: STD () Delete
Name: PROSSER, SUSAN Y
Address: 1017 GAMMAGE PT
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: CALDWELL, WILLIAM
Address: P.O. BOX 186
City-St-Zip: WINTER PARK, FL 32790

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: PROSSER, HAROLD T III
Address: 1017 GAMMAGE PT
City-St-Zip: OVIEDO, FL 32765

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: ROBERT J NOCERO

PD

04/15/2009

Electronic Signature of Signing Officer or Director

Date