2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT DOOLINAENT # NI20166

ATHE ID

FILED May 03, 2007 8:00 am Secretary of State

1. Entity Name CENTRAL FLORIDA HOTEL&LODGING ASSOCIATION EDUCATIONAL TRUST FUND, INC.								05-03-200	-			
7380 SAND LAKE RD 7 STE 300 S			7380 STE :	Mailing Address 7380 SAND LAKE RD STE 300 ORLANDO, FL 32819				2 × -				
2. Principal P	lace of Busi	ness - No P.O. Box #	3. Mai	ling Address								
Suite, Apt.	#, etc.		Su	ite, Apt. #, etc.				04132007	Chg-NP	CR2E0	37 (12/06)	
City & Stat	e		Cit	ty & State				4. FEI Numb 59-287			 	plied For ot Applicable
Zip		Country	Ziş	P	Cos	ıntıy		5. Certificate	of Status Desired		\$8.75 Add Fee Require	
	6. Name	e and Address of Current	Registere	id Agent				7. Name and	Address of New	Registered	Agent	
****		ABB 1				Name						
MALADEC 7380 SANI STE 300						Street A	ddresa (i	P.O. Bax Numb	er is Not Acceptat	de)		
ORLANDO), FL 328	19										
						City				FI		
		ty submits this statement fo tered agent.	or the purp	ose of changing its	register	ed office or	register	ed agent, or bo	ith, in the State of F	-ionda. I	i temiliar with,	and accept
SIGNATURE												
						_,	ne iedamen	MINERI BENEZIERA (Ú.)		DATE		
	Filing Fe	ee is \$61.25 May 1, 2007		9. Election Carr Trust Fund C	npaign F	inancing		\$5.00 May E		Make chec	k payable to	
10	Filing Fe	ee is \$61.25 May 1, 2007		9. Election Cam Trust Fund C	npaign F ontribut	inancing	0	\$5.00 May E Added to Fees	Flo	Make chec orida Depa	rtment of Si	tate
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TITLE NAME	Filing Fe Due by I P/D MALADE 7380 SAI	De is \$61.25 May 1, 2007 OFFICERS AND DIE CKI, RICHARD J.		9. Election Cam Trust Fund C	npaign F contribut 11. TITU NAM STR	inancing ion.	0	\$5.00 May E Added to Fees	Flo	Make chec orida Depa	IRECTORS IN	tate
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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 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.

0.0.0	SIGNATURE AND TYPED OR PROVIED NAME OF SIGNING OFF	FICER OR DIRECTOR	Desir	Daytime Phone #
SIGNATURE:	RJMAUOECIO	RJ Maladeck:	4/30/0	7 407-313-5000