2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N20166

1. Entity Name CENTRAL FLORIDA HOTEL&LODGING ASSOCIATION



FILED Apr 28, 2008 8:00 am Secretary of State 04-28-2008 90346 040 ****61.25

EDUCATIONAL TRUST FUND, INC.													
Principal Place of Business 7380 SAND LAKE RD STE 300 ORLANDO, FL 32819			Mailing Address 7380 SAND LAKE RD STE 300 ORLANDO, FL 32819				Ilbin birini hitib birin birin bir						
2. Principal Place of Business - No P.O. Box #			3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04182008	Chg-NP	CR2E03	7 (12/06)				
City & State			City & State			4. FEI Numbe 59-287				plied For t Applicable			
Zip	Country		Zip	Zip Cou		ntry	5. Certificate of Status Desired			\$8.75 Additional Fee Required			
	6. Name	and Address of Current	Registere	d Agent			7. Name and	Address of New F	Registered A	lgent			
MALADECKI, RICHARD J.						Name Street Address	and ID O. Constitution	N A	13				
7380 SAND LAKE RD STE 300						Street Addre	ss (P.O. Box Number	r is Not Acceptable	e) ———		<u></u>		
ORLANDO), FL 328 ⁻	19 🖟											
						City	FL				Zip Code		
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.													
ine obligat	ions of regis	iereo ageni.											
SIGNATURE													
SIGNATURE.		or printed name of registered agent	end title if app	licable. (NOTE:	Registered	Agent signature req	quived when reinstating)		DATE				
25.50					anian Ci	Financing \$5.00 May Ro Make check paya							
		e is \$61.25 flay 1, 2008	Election Campaign Financing Trust Fund Contribution.			\$5.00 May B Added to Fees		rida Depart		1			
10		OFFICERS AND DI	RECTORS 11.				ADDITIONS/CH/	NGES TO OFFICE	ERS AND DIF	RECTORS IN	10		
TITLE	P/D			☐ Delete	TITLE					☐ Change	☐ Addition		
NAME Street address		CKI, RICHARD J.	NAME		ET ADORESS								
	7380 SAND LAKE ROAD #300 ORLANDO, FL 32819			B									
I CIIT-SI-ZIF	I ORLAND	O. FL 32819			сту-	ST-78P							
CITY-ST-ZIP		O, FL 32819		☐ Delete	-					☐ Channe	☐ Addition		
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TITLE NAME	TD FINDLEY 7380 SAN ORLAND	, COLIN		☐ Delete	TITLE NAME STREET					☐ Change	Addition		
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4/18/08

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #N20166 ATTACHMENT CENTRAL FLORIDA HOTEL&LODGING ASSOCIATION EDUCATIONAL TRUST FUND, INC. Principal Place of Business Mailing Address 7380 SAND LAKE RD 7380 SAND LAKE RD STE 300 **STE 300** ORLANDO, FL 32819 ORLANDO, FL 32819 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. 04182008 CR2E037 (12/06) City & State City & State 4. FEI Number 59-2875525 Applied For Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MALADECKI, RICHARD J. Street Address (P.O. Box Number is Not Acceptable) 7380 SAND LAKE RD STE 300 ORLANDO, FL 32819 City Zip Code 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 dispolicable. (NOTE: Recisioned Acent excepture recurred when recestation) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Due by May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 P/D ☐ Delete TITLE TITLE ☐ Change Addition MALADECKI, RICHARD J. NAME MALE 7380 SAND LAKE ROAD #300 STREET ADDRESS STREET ADDRESS ORLANDO, FL 32819 CITY-ST-ZIP CITY-ST-7P TD ☐ Delete Addition TITLE ☐ Change TITLE FINDLEY, COLIN NAME STREET ADDRESS 7380 SAND LAKE RD. STE 300 STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32819 CITY-ST-ZIP CD ☐ Detete ☐ Change ☐ Addition TITLE NAME SHERMAN, LAURA NAME 7380 SAND LAKE RD STE 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32819 CITY_ST-7P ☐ Change Addition TITLE - - Detete WILE Parkinson, John 7380 Send Lake Rd, Ste 300 NAME NAME STREET ADDRESS STREET ADDRESS Orlando, FC 31819 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change Addition NAME winjum, Durne NAME 7380 Sand Lake Rd, She 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Orlando, FL 32819 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition TITLE Brinda, Jeff 7380 Send Lake Rd, Ste 300 MAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP orlando, FL 3+819 CITY-ST-ZIP 12. Thereby certify that the information supplied with this fitting does not qualify for the exemptions contained 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 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:

E OF SIGNIG OFFICER OR DIRECTOR