



**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90346 040 \*\*\*\*61.25

<b>DOCUMENT # N20166</b> 1. Entity Name <b>CENTRAL FLORIDA HOTEL&amp;LODGING ASSOCIATION</b> <b>EDUCATIONAL TRUST FUND, INC.</b>					
Principal Place of Business <b>7380 SAND LAKE RD</b> <b>STE 300</b> <b>ORLANDO, FL 32819</b>		Mailing Address <b>7380 SAND LAKE RD</b> <b>STE 300</b> <b>ORLANDO, FL 32819</b>			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip		3. Mailing Address Suite, Apt. #, etc. City & State Zip			
4. FEI Number <b>59-2875525</b>		Applied For <input type="checkbox"/> Not Applicable		04182008 Chg-NP CR2E037 (12/06)	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>MALADECKI, RICHARD J.</b> <b>7380 SAND LAKE RD</b> <b>STE 300</b> <b>ORLANDO, FL 32819</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <b>MALADECKI, RICHARD J.</b> <b>7380 SAND LAKE ROAD #300</b> <b>ORLANDO, FL 32819</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>FINDLEY, COLIN</b> <b>7380 SAND LAKE RD. STE 300</b> <b>ORLANDO, FL 32819</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD <b>SHERMAN, LAURA</b> <b>7380 SAND LAKE RD STE 300</b> <b>ORLANDO, FL 32819</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Sherman, Laura</b> <b>7380 Sand Lake Rd, Ste 300</b> <b>Orlando, FL 32819</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD <b>Tang, Paul</b> <b>7380 Sand Lake Rd, Ste 300</b> <b>Orlando, FL 32819</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Robbins, Louis</b> <b>7380 Sand Lake Rd, Ste 300</b> <b>Orlando, FL 32819</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Pensula, Sam</b> <b>7380 Sand Lake Rd, Ste 300</b> <b>Orlando, FL 32819</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing 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.					
<b>SIGNATURE:</b> <u>R J MALADECKI</u>		Date: <u>4/18/08</u>		Daytime Phone #: <u>407-313-5000</u>	

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## ATTACHMENT

<b>DOCUMENT #N20166</b> 1. Entity Name <b>CENTRAL FLORIDA HOTEL &amp; LODGING ASSOCIATION                  EDUCATIONAL TRUST FUND, INC.</b>					
Principal Place of Business <b>7380 SAND LAKE RD                  STE 300                  ORLANDO, FL 32819</b>		Mailing Address <b>7380 SAND LAKE RD                  STE 300                  ORLANDO, FL 32819</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-2875525</b>	
Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>MALADECKI, RICHARD J.                  7380 SAND LAKE RD                  STE 300                  ORLANDO, FL 32819</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$61.25                  Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <b>MALADECKI, RICHARD J.                  7380 SAND LAKE ROAD #300                  ORLANDO, FL 32819</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>FINDLEY, COLIN                  7380 SAND LAKE RD. STE 300                  ORLANDO, FL 32819</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD <b>SHERMAN, LAURA                  7380 SAND LAKE RD STE 300                  ORLANDO, FL 32819</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-D <b>Parkinson, John                  7380 Sand Lake Rd, Ste 300                  Orlando, FL 32819</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Wrsnjum, Duane                  7380 Sand Lake Rd, Ste 300                  Orlando, FL 32819</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Brinda, Jeff                  7380 Sand Lake Rd, Ste 300                  Orlando, FL 32819</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing 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: <u>          R MALADECKI          </u>		Date: <u>          4/18/08          </u>		Daytime Phone #: <u>          407-313-5000          </u>	

40084585