

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26803

FILED
Feb 19, 2008
Secretary of State

Entity Name: THE MUSTARD SEED OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

12 MUSTARD SEED LANE
ORLANDO, FL 32810 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 915223
LONGWOOD, FL 32791 US

New Mailing Address:

FEI Number: 59-2906383 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KANE, CAROL
12 MUSTARD SEED LANE
ORLANDO, FL 32810 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: P () Delete
Name: KANE, CAROL
Address: 793 SWAYING PALM CT
City-St-Zip: APOPKA, FL 32712 US

Title: D () Delete
Name: WEBER, MARIA
Address: 17447 MONROE PARTIN TRAIL
City-St-Zip: ORLANDO, FL 32833 US

Title: D () Delete
Name: BAUMANN, JOHN
Address: 546 ALTALOMA AVE
City-St-Zip: ORLANDO, FL 32803 US

Title: D () Delete
Name: WHITLEY, SHARON
Address: 4424 OAKTON DR
City-St-Zip: ORLANDO, FL 32810 US

Title: T () Delete
Name: MERRILL, MICHAEL
Address: 7657 APPLE TREE CIRCLE
City-St-Zip: ORLANDO, FL 32819 US

Title: S (X) Delete
Name: IHRIG, PAUL
Address: 450 E ALTAMONTE DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: DURR, JULIE
Address: 251 MAITLAND AVE STE 203
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

Title: D (X) Change () Addition
Name: BAUMANN, JOHN
Address: 1643 MOUNT VERNON ST
City-St-Zip: ORLANDO, FL 32803 US

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

Title: S (X) Change () Addition
Name: IHRIG, PAUL
Address: 450 E ALTAMONTE DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

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: CAROL KANE

P

02/19/2008

Electronic Signature of Signing Officer or Director

Date