

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28008

FILED  
Jan 09, 2004  
Secretary of State

**Entity Name:** CENTRAL FLORIDA EDUCATIONAL FOUNDATION, INC.

**Current Principal Place of Business:**

C/O Z88.3  
1065 RAINER DRIVE  
ALTAMONTE SPRINGS, FL 327143847 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 607883  
ORLANDO, FL 328607883 US

**New Mailing Address:**

**FEI Number:** 59-3028392

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOGUE, JAMES S  
1065 RAINER DRIVE  
ALTAMONTE SPRINGS, FL 327143847 US

**Name and Address of New Registered Agent:**

HOGUE, JAMES S  
1065 RAINER DRIVE  
ALTAMONTE SPRINGS, FL 327143847 US

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:

01/09/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CDP ( ) Delete  
Name: HOGUE, JAMES S.,  
Address: 443 TIMBER RIDGE DRIVE  
City-St-Zip: LONGWOOD, FL 327792644

Title: D ( ) Delete  
Name: CARTER, GAYLORD K III  
Address: 6150 LINNEAL BEACH DRIVE  
City-St-Zip: APOPKA, FL 32703

Title: D ( ) Delete  
Name: CHAPMAN, DEAN E  
Address: 119 WYNDAM COURT  
City-St-Zip: LONGWOOD, FL 327794614

Title: ST ( ) Delete  
Name: LAW, JUDY  
Address: 588 BRANTLEY TERRACE WAY 109  
City-St-Zip: ALTAMONTE SPRINGS, FL 327140834

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D (X) Change ( ) Addition  
Name: CARTER, GAYLORD K III  
Address: 895 LAKE JACKSON CIRCLE  
City-St-Zip: APOPKA, FL 32703

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JUDY LAW

ST

01/09/2004

Electronic Signature of Signing Officer or Director

Date