

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28008

FILED
Feb 02, 2006
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:

1065 RAINER DRIVE
ALTAMONTE SPRINGS, FL 327143847 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:

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: 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: 895 LAKE JACKSON CIRCLE
City-St-Zip: APOKA, FL 32703

Title: D () Delete
Name: CHAPMAN, DEAN E
Address: 119 WYNDHAM 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

Title: () Delete
Name:
Address:
City-St-Zip:

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: 1124 BRANTLEY ESTATES DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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

Title: T (X) Change () Addition
Name: LAW, JUDY
Address: 588 BRANTLEY TERRACE WAY 109
City-St-Zip: ALTAMONTE SPRINGS, FL 327140834

Title: S () Change (X) Addition
Name: BOWERS, LORI A
Address: 438 FERN MEADOW LOOP
City-St-Zip: OCOEE, FL 34761

I hereby certify that the information supplied with this filing does not qualify for the 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: JUDY L LAW

T

02/02/2006

Electronic Signature of Signing Officer or Director

Date