2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2011
Secretary of State

DOCUMENT# N28008

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:

HOGE, 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
Name: HOGE, JAMES S
Address: 1065 RAINER DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D
Name: KENYON, GAYLORD C III
Address: 1065 RAINER DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: DV
Name: CHAPMAN, DEAN E
Address: 1065 RAINER DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: T
Name: WISE, JUDY
Address: 1065 RAINER DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: S
Name: LIGATO, CATHY J
Address: 1065 RAINER DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby 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 all other like empowered.

SIGNATURE: JUDY WISE T 03/01/2011

Electronic Signature of Signing Officer or Director Date