## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N29053

FILED Apr 27, 2009 Secretary of State

Entity Name: ETC OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
817 WE	RD VAN SLYKE STWOOD BLVI O, FL 32821				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
3817 WES	RD VAN SLYKE STWOOD BLVI O, FL 32821				
El Numbe	r: 59-2920538	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
255 S OR	MACKINNON, F ANGE AVE STI O, FL 32801				
	e named entity s e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATU	RE:				
	Electron	ic Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
itle: lame: ddress: city-St-Zip:	TD () GALBRAITH, JA 7007 SEA WOF ORLANDO, FL	RLD DRIVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
	SD ()	Delete	Title: Name:	( ) Change ( ) Addition	
lame: \ddress:	MCREYNOLDS	AL STUDIOS PLAZA	Address: City-St-Zip:		
lame: .ddress: city-St-Zip: itle: lame: .ddress:	MCREYNOLDS 1000 UNIVERS ORLANDO, FL	ÄL STUDIOS PLAZA 32819 Delete TIONAL DR.		( ) Change ( ) Addition	
itle: lame: lame: city-St-Zip: litle: lame: lame: laty-St-Zip: litle: lame: lame: laddress: lame: laddress: laty-St-Zip:	MCREYNOLDS 1000 UNIVERS, ORLANDO, FL  D () ACKERT, TOM 9800 INTERNA' ORLANDO, FL  PD () BATTLA, M. NA	AL STUDIOS PLAZA 32819  Delete  TIONAL DR. 32819  Delete  DEEM CE CENTER DR	City-St-Zip: Title: Name: Address:	( ) Change ( ) Addition ( ) Change ( ) Addition	
lame: .ddress: .itly-St-Zip: .itle: .lame: .ddress: .itly-St-Zip: .itle: .lame: .ddress:	MCREYNOLDS 1000 UNIVERS, ORLANDO, FL  D () ACKERT, TOM 9800 INTERNA' ORLANDO, FL  PD () BATTLA, M. NA 7500 COMMER ORLANDO, FL	AL STUDIOS PLAZA 32819  Delete  TIONAL DR. 32819  Delete  DEEM  CE CENTER DR  32819  Delete  I  RLD DRIVE	City-St-Zip:  Title: Name: Address: City-St-Zip:  Title: Name: Address:		

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: RICHARD VAN SLYKE VPD 04/27/2009