2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 22, 2009
Secretary of State

DOCUMENT# N32617

Entity Name: CHARITY CHALLENGE, INC.

Current Principal Place of Business:

378 CENTRE POINTE CIR.
SUITE 1238
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

Current Mailing Address:

378 CENTRE POINTE CIR.
SUITE 1238
ALTAMONTE SPRINGS, FL 32701 US

New Mailing Address:

FEI Number: 59-2944549 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CONSTANTINE, DAVID LEE
186-D MAITLAND AVENUE
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

CONSTANTINE, DAVID LEE
640 JASMINE RD
ALTAMONTE SPRINGS, FL 32701 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: DAVID LEE CONSTANTINE 06/22/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CONSTANTINE, DAVID LEE
Address: 186-D MAITLAND AVE.
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D ( ) Delete
Name: LANSING, MARIANN
Address: 160 HATTAWAY DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D ( ) Delete
Name: DURSO, JOSEPH
Address: 301 TULLIS AVE
City-St-Zip: LONGWOOD, FL 32750

Title: D ( ) Delete
Name: FINELLI, PAUL
Address: 829 LONGLEAF COURT
City-St-Zip: ORLANDO, FL 32805

Title: D ( ) Delete
Name: MONACO, DEAN
Address: 1600 NW CHRISTMAS ROAD
City-St-Zip: CHRISTMAS, FL 32709

Title: D ( ) Delete
Name: RILEY, DEREK
Address: 4213 OLD TRAFFORD WAY
City-St-Zip: ORLANDO, FL 32810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: CONSTANTINE, DAVID LEE
Address: 640 JASMINE RD
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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

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

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

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 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: DAVID LEE CONSTANTINE D 06/22/2009
Electronic Signature of Signing Officer or Director Date