## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N32882

FILED Mar 21, 2009 Secretary of State

Entity Name: CENTRAL FLORIDA LOCKSMITH ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

BOX 204

WINTER PARK, FL 327900204

Current Mailing Address: New Mailing Address:

P. O. BOX 204 P. O. BOX 2918

WINTER PARK, FL 327900204 WINTER HAVEN, FL 33883

FEI Number: 59-2973766 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

PARTINGTON II, W E 1284 FERNWAY DRIVE ORMOND BCH, FL 32174 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:

Flateric Circulate of Decident Asset

Electronic Signature of Registered Agent

Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

## **OFFICERS AND DIRECTORS:**

Title: V (X) Change ( ) Addition

 Title:
 PD
 ( ) Delete
 Title:
 V
 (X) Change

 Name:
 PARTINGTON II, W E
 Name:
 PARTINGTON II, W E

 Address:
 1284 FERNWAY DR
 Address:
 1284 FERNWAY DR

 City-St-Zip:
 ORMOND BCH, FL
 City-St-Zip:
 ORMOND BCH, FL

Title: SD ( ) Delete Title: P (X) Change ( ) Addition

Name: RILEY, JAMES Name: MONTESINO, MANUEL

 Address:
 1904 BARTON PARK RD UNIT #415
 Address:
 P. O. BOX 2918

 City-St-Zip:
 AUBURNDALE, FL 32823
 City-St-Zip:
 WINTER HAVEN, FL 33883

Title: TD ( ) Delete Title: T (X) Change ( ) Addition

Name:ELLIS, GUY B JR.Name:ELLIS, GUY B JR.Address:741 MINNESOTA AVEAddress:741 MINNESOTA AVECity-St-Zip:WINTER PARK, FL 32789City-St-Zip:WINTER PARK, FL 32789

Title: ( ) Delete Title: S ( ) Change (X) Addition

 Name:
 Name:
 BILLINGS, DYSON

 Address:
 Address:
 1610 14TH ST.

 City-St-Zip:
 City-St-Zip:
 ORANGE CITY, FL

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: W.E, PARTINGTON II V 03/21/2009