


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90015 040 \*\*\*\*61.25

<b>DOCUMENT # N34575</b> 1. Entity Name <b>CENTRAL FLORIDA WORLD CLOWNS, INC.</b>					
Principal Place of Business <b>611 N. MILLS AVE. P. O. BOX 536427 ORLANDO, FL 32853-6427 US</b>				Mailing Address <b>611 N. MILLS AVE. P. O. BOX 536427 ORLANDO, FL 32853-6427 US</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>LEMOINE, THOMAS 7018 LAKE MARSHALL DR ORLANDO, FL 32819</b>				7. Name and Address of New Registered Agent Name <b>ROSENFELD, MADELYNE</b> Street Address (P.O. Box Number is Not Acceptable) <b>1034 WINTER SPRINGS BLVD.</b> City <b>WINTER SPRINGS</b> <b>FL</b> Zip Code <b>32708</b>	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Madelyne Rosenfeld</i> <b>MADELYNE ROSENFELD, PRESIDENT</b> <b>2/20/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <b>MORAN, BONNIE</b> <b>5487 ALADALE COURT</b> <b>ORLANDO, FL 32839</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <b>ROSENFELD, MADELYNE</b> <b>1034 WINTER SPRINGS BLVD</b> <b>WINTER SPRINGS, FL 32708</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>IGO, ELLA</b> <b>173 WILLOW AVE</b> <b>ALTAMONTE SPRINGS, FL 32714</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>BURNS, CAROLE</b> <b>1103 AVE F</b> <b>ORMOND BEACH, FL 32174</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>BURNS, JAMES</b> <b>1103 AVE F</b> <b>ORMOND BEACH, FL 32174</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>LEMOINE, THOMAS</b> <b>7018 LAKE MARSHALL DRIVE</b> <b>ORLANDO, FL 32819</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>REDDING, PEGGY</b> <b>1323 PLEASANT OAK LN.</b> <b>ORLANDO, FL 32804</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Madelyne Rosenfeld</i> <b>2/20/04</b> <b>(407)695-0024</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					