

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34575

FILED
Mar 20, 2005
Secretary of State

Entity Name: CENTRAL FLORIDA WORLD CLOWNS, INC.

Current Principal Place of Business:

611 N. MILLS AVE.
P. O. BOX 536427
ORLANDO, FL 328536427 US

New Principal Place of Business:

Current Mailing Address:

611 N. MILLS AVE.
P. O. BOX 536427
ORLANDO, FL 328536427 US

New Mailing Address:

FEI Number: 59-2971982

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MADELYNE, ROSENFELD
1034 WINTER SPRINGS BLVD.
WINTER SPRINGS, FL 32708 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: PD () Delete
Name: ROSENFELD, MADELYNE
Address: 1034 WINTER SPRINGS BLVD
City-St-Zip: WINTER SPRINGS, FL 32708

Title: SD () Delete
Name: REDDING, PEGGY
Address: 1323 PLEASANT OAK W.
City-St-Zip: ORLANDO, FL 32804

Title: VPD () Delete
Name: BURNS, CAROLE
Address: 1103 AVE F
City-St-Zip: ORMOND BEACH, FL 32174

Title: TD () Delete
Name: BURNS, JAMES
Address: 1103 AVE F
City-St-Zip: ORMOND BEACH, FL 32174

Title: D (X) Delete
Name: LEMOINE, THOMAS
Address: 7018 LAKE MARSHALL DRIVE
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: GREY, BOBBYE
Address: 5220 LEON CIRCLE
City-St-Zip: ORLANDO, FL 32810

Title: VPD (X) Change () Addition
Name: MENDOZA, VICKIE
Address: 4716 KELLY PARK DR.
City-St-Zip: APOPKA, FL 32712

Title: TD (X) Change () Addition
Name: SANGREY, CAROLYN
Address: 3306 PERSHING AVE.
City-St-Zip: ORLANDO, FL 32806

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MADELYNE ROSENFELD

PRES

03/20/2005

Electronic Signature of Signing Officer or Director

Date