

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90316 005 ****61.25

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DOCUMENT # N36068	
1. Entity Name CENTRAL FLORIDA CLASSIC T-BIRDS, INC.	



Principal Place of Business 10507 MARSH COVE COURT 846 Cabot Ct. Winter Park, FL 32792	Mailing Address 846 Cabot Ct. Winter Park, FL 32792
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2. Principal Place of Business 846 Cabot Court Winter Park, Fla. 32792	3. Mailing Address 846 Cabot Court Winter Park, Fla. 32792
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City & State	FEI Number 59-3115310	Applied For Not Applicable
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Zip	Country USA	Zip	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RIO, DONNA 10507 MARSH COVE COURT ORLANDO, FL 32825	7. Name and Address of New Registered Agent Name Judith Hoffman Street Address 846 Cabot Court City Winter Park, Fla. 32792 Zip Code FL
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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: Judith Hoffman DATE: March 4, 05

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DURNING, JOHN 33240 LITTLE HAMPTON COURT SORRENTO, FL 32776 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME ID 809 WEEPING ELM LANE PRES LONGWOOD FL 32779 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRUBER, STEVE 1422 YALE STREET ORLANDO, FL 32824 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME ID V.P. <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOFFMAN, JUDY 846 CABOT COURT WINTER PARK, FL 32792 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2005 WITHA SHAKERT 4605 SALVIA DR ORLANDO, FL 32839 SECURITY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RIO, DONNA 10507 MARSH COVE COURT ORLANDO, FL 32825 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Judith Hoffman 846 Cabot Court Winter Park, Fla. 32792 TREAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: Judith Hoffman DATE: March 4 607-678-4538

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Judith Hoffman