2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

CITY-ST-ZIP

CICNATUDE

if changed, or on an attachment with an address, with all other like empowered

Secretary of State DOCUMENT # N36068 02-17-2006 90076 032 ****61.25 1. Entity Name CENTRAL FLORIDA CLASSIC T-BIRDS, INC. Principal Place of Business Mailing Address 846 CABOT CT 846 CABOT CT WINTER PARK FL 32792 WINTER PARK FL 32792 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-3115310 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOFFMAN, JUDITH Street Address (P.O. Box Number is Not Acceptable) Judith Hoffman edical Count Winter Park, Fla 32792 City Zip Code 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 Signature, typed or printed name of regist and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10 11. TITLE Delete TITLE PRESIPENT WUBKER DURNING, JOHN NAME NAME WARALLA CREWSHAW DR. 809 WEEPING ELM LANE STREET ADDRESS STREET ADDRESS LONGWOOD FL 32779 CITY-ST-ZIP CITY-ST-ZIP VIC 15 PALSIPEM TITLE Delete TITLE ☐ Addition TOHN DURNING GRUBER, STEVE MAME NAME すのロル 1422 YALE STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32824 CITY-ST-ZIP Delete TITLE ___ Change Addition 1000 SUKKERT, ROSA NAME NAME STREET ADDRESS 4605 SALVIA DR STREET ADDRESS CITY-ST-ZIF ORLANDO FL 32869 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ■ Addition HOFFMAN, JUDITH NAME NAME STREET ADDRESS 846 CABOT COURT STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32792 CITY-ST-ZIP HISTORIAN Addition TITLE ☐ Delete TITLE Change GRUBIER 5 reve NAME NAME STREET ADDRESS STREET ADDRESS 1402 YALL CITY-ST-ZIP CITY-ST-ZIP ORLANDO TITLE TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, 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 it 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

FILED

Feb 17, 2006 8:00 am

2/4/16 447.299-2825