

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2008 08:00 A
Secretary of State

DOCUMENT # N36068

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



Principal Place of Business
**846 CABOT CT
WINTER PARK, FL 32792 US**

Mailing Address
**846 CABOT CT
WINTER PARK, FL 32792 US**



03182008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3115310	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HOFFMAN, JUDITH
846 CABOT COURT
WINTER PARK, FL 32792**

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IN THIS SPACE**

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 NO CHANGES DATE MARCH 21ST 08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U000000869064
04/03/08-80034-004 \$1.25

10. OFFICERS AND DIRECTORS

TITLE **V**
NAME **DURNING, JOHN**
STREET ADDRESS **809 WEEPING ELM LANE**
CITY-ST-ZIP **LONGWOOD, FL 32779**

TITLE **P**
NAME **WUBKER, WARREN**
STREET ADDRESS **6525 CRENSHAW DR**
CITY-ST-ZIP **ORLANDO, FL 32835**

TITLE **S**
NAME **SUKKERT, ROSA**
STREET ADDRESS **4605 SALVIA DR**
CITY-ST-ZIP **ORLANDO, FL 32869**

TITLE **T**
NAME **HOFFMAN, JUDITH**
STREET ADDRESS **846 CABOT COURT**
CITY-ST-ZIP **WINTER PARK, FL 32792**

TITLE **H**
NAME **GRUBER, STEVE**
STREET ADDRESS **1422 YALE ST**
CITY-ST-ZIP **ORLANDO, FL 32824**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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, Sec DATE MARCH 21st 08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR