

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41853

FILED
Feb 21, 2011
Secretary of State

Entity Name: CENTRAL FLORIDA AREA HEALTH EDUCATION CENTER, INC.

Current Principal Place of Business:

328 S. CENTRAL AVE.
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

328 S. CENTRAL AVE.
APOPKA, FL 32703

New Mailing Address:

FEI Number: 59-3050122

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WARREN, BLAKE
328 SOUTH CENTRAL AVENUE
APOPKA, FL 32703 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: VD
Name: ALLEN, JIM
Address: 301 WEST MCCOLLUM
City-St-Zip: BUSHNELL, FL 33513

Title: PD
Name: WILLIAMS, GAYE
Address: 950 CR 17-A WEST
City-St-Zip: AVON PARK, FL 333825

Title: D
Name: SILVERMAN, DOTTIE
Address: 590 RUBY COURT
City-St-Zip: MAITLAND, FL 32751

I hereby 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 all other like empowered.

SIGNATURE: BLAKE WARREN

ED

02/21/2011

Electronic Signature of Signing Officer or Director

Date