2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# N43904

Entity Name: CENTRAL FLORIDA TISSUE BANK, INC.

Current Principal Place of Business:

8663 COMMODITY CIRCLE
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

8669 COMMODITY CIRCLE
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 59-3088930 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CHINODA, ANNE K
8669 COMMODITY CIRCLE
ORLANDO, FL 32819 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:	C/D	( ) Delete
Name:	YATES, LEIGHTON D	
Address:	200 S. ORANGE STREET	
City-St-Zip:	ORLANDO, FL 32801	
Title:	D/T	( ) Delete
Name:	BOONE, DAVID G	
Address:	200 S ORANGE AVE	
City-St-Zip:	ORLANDO, FL 328023833	
Title:	P/D	( ) Delete
Name:	CHINODA, ANNE K	
Address:	8669 COMMODITY CIRCLE	
City-St-Zip:	ORLANDO, FL 32819	
Title:	VC/D	( ) Delete
Name:	KURTZ, C. DEAN	
Address:	BOX 165000, MS FLAPKA0234	
City-St-Zip:	ALTAMONTE SPRINGS, FL 327165000	
Title:	D/O	( ) Delete
Name:	ARNOLD, SHARON E	
Address:	1000 AAA DRIVE	
City-St-Zip:	HEATHROW, FL 32746	
Title:	D/O	( ) Delete
Name:	BRADFORD, RICHMOND C	
Address:	5900 LAKE ELLENOR DR	
City-St-Zip:	ORLANDO, FL 32895	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MALD	(X) Change ( ) Addition
Name:	COSTALES, RICHARD E	
Address:	1000 UNIVERSAL STUDIOS PLAZA	
City-St-Zip:	ORLANDO, FL 32819	
Title:	MALD	(X) Change ( ) Addition
Name:	PELLARIN, THOMAS D	
Address:	482 S. KELLER RD	
City-St-Zip:	ORLANDO, FL 32810	
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 Chapter 119, 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: ANNE K. CHINODA MRS. 05/01/2006

Electronic Signature of Signing Officer or Director — Date