2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# N47252

Entity Name: THE MANUFACTURERS ASSOCIATION OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

301 E. PINE STREET
SUITE 900
ORLANDO, FL 32801 US

New Principal Place of Business:

Current Mailing Address:

301 E. PINE STREET
SUITE 900
ORLANDO, FL 32801 US

New Mailing Address:

FEI Number: 59-3124293 **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:

NEWMAN, BENJAMIN W ESQ
315 E. ROBINSON STREET
SUITE 510
ORLANDO, FL 32801 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: PD ( ) Delete
Name: SWEAT, RICHARD
Address: 301 E. PINE STREET, SUITE 900
City-St-Zip: ORLANDO, FL 32801

Title: VPD ( ) Delete
Name: MULLER, THOMAS
Address: 301 E. PINE STREET, SUITE 900
City-St-Zip: ORLANDO, FL 32801

Title: VPD (X) Delete
Name: RAMSEY, ANGELA
Address: 301 E. PINE STREET, SUITE 900
City-St-Zip: ORLANDO, FL 32801

Title: ED ( ) Delete
Name: REEVES, SHERRY L
Address: 301 E. PINE STREET, SUITE 900
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MULLER, THOMAS R
Address: 301 E. PINE STREET, SUITE 900
City-St-Zip: ORLANDO, FL 32801

Title: VPD (X) Change ( ) Addition
Name: RAMSEY, ANGELA
Address: 301 E. PINE STREET, SUITE 900
City-St-Zip: ORLANDO, FL 32801

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: THOMAS R. MULLER PD 05/01/2009

Electronic Signature of Signing Officer or Director — Date