

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48876

FILED
Jul 03, 2007
Secretary of State

Entity Name: CENTRAL FLORIDA DOWN SYNDROME ASSOCIATION, INC.

Current Principal Place of Business:

1137 EDGEWATER DR
101
ORLANDO, FL 32804 US

New Principal Place of Business:

Current Mailing Address:

1137 EDGEWATER DR
101
ORLANDO, FL 32804 US

New Mailing Address:

FEI Number: 59-3124673 **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:

Name and Address of New Registered Agent:

VAN BERGEN, AMY
1137 EDGEWATER DR
101
ORLANDO, FL 32804 US

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: ED () Delete
Name: VAN BERGEN, AMY
Address: 1137 EDGEWATER DR, SUITE 101
City-St-Zip: ORLANDO, FL 32804

Title: D () Delete
Name: ALLEN, MICHAEL D
Address: 2003 LAKE HOWELL LANE
City-St-Zip: MAITLAND, FL 32751

Title: TD () Delete
Name: CALISE, LARRY
Address: 2865 ALOMA LAKE RUN
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: BYRNES, DAVID
Address: 588 BRANTLEY TERRACE WAY #305
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D () Delete
Name: BASILE, ROBIN
Address: 2460 MCINTOSH WAY
City-St-Zip: MAITLAND, FL 32751

Title: D () Delete
Name: ARROYO, DAISY
Address: 2177 SEAPORT CIRCLE
City-St-Zip: WINTER PARK, FL 32792

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

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

Title: D (X) Change () Addition
Name: SMITH, SAMUEL
Address: 2323 SPRINGS LANDING BLVD.
City-St-Zip: LONGWOOD, FL 32779

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: AMY VAN BERGEN

ED

07/03/2007

Electronic Signature of Signing Officer or Director

Date