2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008
Secretary of State

DOCUMENT# N48876

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 ( )**

Name and Address of Current Registered Agent:

VAN BERGEN, AMY
1137 EDGEWATER DR
101
ORLANDO, FL 32804 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:	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:	SMITH, SAMUEL	
Address:	2323 SPRINGS LANDING BLVD.	
City-St-Zip:	LONGWOOD, FL 32779	

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:	( ) 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: AMY VAN BERGEN ED 03/13/2008

Electronic Signature of Signing Officer or Director — Date