2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50371

FILED Jan 05, 2007 Secretary of State

Entity Name: CENTRAL FLORIDA ROMANCE WRITERS, INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

448 GREEN SPRING CIRCLE WINTER SPRINGS, FL 32708 US

Current Mailing Address: New Mailing Address:

448 GREEN SPRING CIRCLE WINTER SPRINGS, FL 32708 US

FEI Number: 76-0237696 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

POTTER, KAREN 448 GREEN SPRING CIRCLE WINTER SPRINGS, FL 32708 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:

Fladeric Construct David and American

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: STRICKLAND, TAMMY Name: EDMONDSON, DARA

Name: STRICKLAND, TAMMY Name: EDMONDSON, DARA
Address: 9295 NE 16TH TERRACE Address: 1299 PINE HARBOR POINT CIRCLE

City-St-Zip: ANTHONY, FL 32617 US City-St-Zip: ORLANDO, FL 32806 US

Title: DV () Delete Title: DV (X) Change () Addition Name: POTTER, KAREN Name: FRIAR, LINDA

Address: 448 GREEN SPRING CIRCLE Address: 446 E. SIXTH AVENUE
City-St-Zip: WINTER SPRINGS, FL 32708 US City-St-Zip: WINDERMERE, FL 34786 US

Title: TS () Delete Title: TS (X) Change () Addition

 Name:
 FRIAR, LINDA
 Name:
 VENETTA, DIANNE

 Address:
 446 E SIXTH AVE
 Address:
 6901 SUNNYSIDE DRIVE

 City-St-Zip:
 WINDERMERE, FL 34786 US
 City-St-Zip:
 LEESBURG, FL 34748 US

Title: SD () Delete Title: SD (X) Change () Addition

Name: GILBERT, JUDITH Name: SALVO, JULIE

 Address:
 19622 S.W. LOOP
 Address:
 3416 SEBRING AVENUE

 City-St-Zip:
 DUNNELON, FL 34432 US
 City-St-Zip:
 ORLANDO, FL 32806 US

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: DARA EDMONDSON PD 01/05/2007