2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# N50371

Entity Name: CENTRAL FLORIDA ROMANCE WRITERS, INCORPORATED

Current Principal Place of Business:

1299 PINE HARBOR POINT CIRCLE
ORLANOD, FL 32806 US

New Principal Place of Business:

Current Mailing Address:

1299 PINE HARBOR POINT CIRCLE
ORLANDO, FL 32806 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

VENETTA, DIANNE
6901 SUNNYSIDE DRIVE
LEESBURG, FL 34748 US

Name and Address of New Registered Agent:

CARES, JOYCE
20534 QUEEN ALEXANDRA DRIVE
LEESBURG, FL 34748 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: JOYCE CARES 01/22/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: EDMONDSON, DARA
Address: 1299 PINE HARBOR POINT CIRCLE
City-St-Zip: ORLANDO, FL 32806 US

Title: DV ( ) Delete
Name: SALVO, JULIE
Address: 3416 SEBRING
City-St-Zip: ORLANOD, FL 32806 US

Title: TS ( ) Delete
Name: VENETTA, DIANNE
Address: 6901 SUNNYSIDE DRIVE
City-St-Zip: LEESBURG, FL 34748 US

Title: SD ( ) Delete
Name: DAVIS, JEANAN
Address: 1583 MAIDENCANE LOOP
City-St-Zip: OVIEDO, FL 32765 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: HALL, SHAUNA
Address: 9101 CARDINAL COVE CIRCLE
City-St-Zip: SANFORD, FL 32771 US

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

Title: TS (X) Change ( ) Addition
Name: CARES, JOYCE
Address: 20534 QUEEN ALEXANDRA DRIVE
City-St-Zip: LEESBURG, FL 34748 US

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: JOYCE CARES TS 01/22/2009
Electronic Signature of Signing Officer or Director Date