

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000325

FILED  
Apr 20, 2010  
Secretary of State

Entity Name: CENTRAL FLORIDA GLIDERS, INC.

## Current Principal Place of Business:

931 STATE RD 434  
SUITE 1201-319  
ALTAMONTE SPRINGS, FL 32714

## New Principal Place of Business:

1001 WOODALL DRIVE  
ALTAMONTE SPRINGS, FL 32714

## Current Mailing Address:

931 STATE RD 434  
SUITE 1201-319  
ALTAMONTE SPRINGS, FL 32714

## New Mailing Address:

PO BOX 161965  
ALTAMONTE SPRINGS, FL 32716-196 5

FEI Number: 59-3157281

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WISE, CRAIG D  
931 STATE RD 434  
SUITE 1201-319  
ALTAMONTE SPRINGS, FL 32714 US

## Name and Address of New Registered Agent:

WISE, CRAIG D  
1001 WOODALL DRIVE  
ALTAMONTE SPRINGS, FL 32714 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: CRAIG D. WISE

04/20/2010

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: ED  
Name: WISE, CRAIG D  
Address: 1001 WOODALL DR  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D  
Name: ROBINSON, MARK  
Address: 681 OAK HOLLOW WAY  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D  
Name: JACKSON, TIM  
Address: 1397 S RIDGELAKE CIRCLE  
City-St-Zip: LONGWOOD, FL 32750

Title: S  
Name: TRUCHELUT, GENE  
Address: 3524 SEAFORD LANE  
City-St-Zip: CASTLEBERRY, FL 32707

Title: T  
Name: PEREIRA, LUIS  
Address: 9437 BELMONT TERRACE  
City-St-Zip: OVEIDO, FL 32765

Title: D  
Name: CLAY, ALVAREZ D  
Address: 757 WATERLAND COURT  
City-St-Zip: ORLANDO, FL 32828

I hereby 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 all other like empowered.

SIGNATURE: CRAIG D. WISE

ED

04/20/2010

Electronic Signature of Signing Officer or Director

Date