# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 18, 2009**
**Secretary of State**

DOCUMENT# N92000000903

**Entity Name:** CENTRAL FLORIDA RESOURCE CONSERVATION AND DEVELOPMENT COUNCIL, INC.

**Current Principal Place of Business:**

343 W CENTRAL AVE
UNIT #1
LAKE WALES, FL 33853

**New Principal Place of Business:**

**Current Mailing Address:**

343 W CENTRAL AVE
UNIT #1
LAKE WALES, FL 33853

**New Mailing Address:**

**FEI Number: 59-3174229** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

HITCHCOCK, DAVID
2016 SEMINOLE TRAIL
LAKELAND, FL 33803 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: | D | ( ) Delete |
| Name: | FORD, TIMOTHY | |
| Address: | 5411 ST HELENA ROAD | |
| City-St-Zip: | LAKE WALES, FL 33853 | |
| Title: | TS | ( ) Delete |
| Name: | FORD, ELIZABETH | |
| Address: | 5411 ST. HELENA RD. | |
| City-St-Zip: | LAKE WALES, FL 33853 | |
| Title: | V | ( ) Delete |
| Name: | FAZZINI, SILVIO | |
| Address: | 101 E. STUART AVE. | |
| City-St-Zip: | LAKE WALES, FL 33853 | |
| Title: | P | ( ) Delete |
| Name: | HITCHCOCK, DAVID | |
| Address: | 2016 SEMINOLE TRAIL | |
| City-St-Zip: | LAKELAND, FL 33803 | |
| Title: | D | ( ) Delete |
| Name: | CALDWELL, ERNIE | |
| Address: | 113 RIDGE CENTER DRIVE | |
| City-St-Zip: | DAVENPORT, FL 33837 | |
| Title: | D | ( ) Delete |
| Name: | BOWEN, GILBERT | |
| Address: | P.O. BOX 218 | |
| City-St-Zip: | HAINES CITY, FL 33845 | |

**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: DAVID HITCHCOCK PRES 03/18/2009
Electronic Signature of Signing Officer or Director — Date