

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002079

FILED  
Mar 12, 2009  
Secretary of State

Entity Name: CHILDREN FIRST - CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

1101 N. LAKE DESTINY RD. STE 375  
MAITLAND, FL 32751

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 54367  
JACKSONVILLE, FL 32245 43

**New Mailing Address:**

FEI Number: 59-3169821      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

FORSTER, CYNTHIA  
101 CENTURY 21 DR 210  
JACKSONVILLE, FL 32216 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: C (X) Delete  
Name: MILLER, WILLIAM  
Address: 866 MOONLIT LANE  
City-St-Zip: CASSELBERRY, FL 32707

Title: D ( ) Delete  
Name: MOORE, CHRISTINE  
Address: 2145 PALM CREST RD  
City-St-Zip: APOPKA, FL 32712

Title: D ( ) Delete  
Name: LAHEY, JOHN  
Address: 150 N WESTMONTE DR  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: C ( ) Delete  
Name: LONG, DEON  
Address: 400 PARK AVE SOUTH STE 150  
City-St-Zip: WINTER PARK, FL 32789

Title: C ( ) Delete  
Name: MITCHELL, JOHN ESQ  
Address: 2699 LEE RD STE 405  
City-St-Zip: WINTER PARK, FL 32789

Title: M ( ) Delete  
Name: FORSTER, CYNTHIA  
Address: 101 CENTURY 21 DR 210  
City-St-Zip: JACKSONVILLE, FL 32216

**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: CYNTHIA FORSTER

M

03/12/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date