2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 25, 2009
Secretary of State

DOCUMENT# N93000002079

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: 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

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: D ( ) Change (X) Addition
Name: SIMMONS, SALLY
Address: 1101 N. LAKE DESTINY RD.
City-St-Zip: MAITLAND, FL 32751

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 06/25/2009

Electronic Signature of Signing Officer or Director — Date