

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90295 032 ****61.25

DOCUMENT # N93000002079

1. Entity Name

CHILDREN FIRST - CENTRAL FLORIDA, INC.



Principal Place of Business

**1101 N. LAKE DESTINY RD.
SUITE 225
MAITLAND FL 32751**

Mailing Address

**1101 N. LAKE DESTINY RD.
SUITE 225
MAITLAND FL 32751**

2. Principal Place of Business

1101 N. Lake Destiny Rd.

3. Mailing Address

1101 N. Lake Destiny Rd.

Suite, Apt. #, etc.

Suite 375

Suite, Apt. #, etc.

Suite 375

City & State

MAITLAND, FL

City & State

Maitland, FL.

Zip
32751

Country
USA

Zip
32751

Country
USA

4. FEI Number **59-3169821**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NOGA, GEORGE
1101 N. LAKE DESTINY ROAD
SUITE 225
MAITLAND FL 32751**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **C** ☐ Delete
NAME **NOGA, GEORGE**
STREET ADDRESS **1101 N LAKE DESTINY RD., STE 225**
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE **D** ☐ Delete
NAME **MOORE, CHRISTINE**
STREET ADDRESS **2145 PALM CREST RD.**
CITY-ST-ZIP **APOPKA FL 32712**

TITLE **D** ☐ Delete
NAME **LAHEY, JOHN**
STREET ADDRESS **150 N WESTMONTE DR**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **C** ☐ Delete
NAME **LONG, O DEON**
STREET ADDRESS **400 PARK AVENUE S STE 150**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **D** ☐ Delete
NAME **MITCHELL, ESQ, JOHN C**
STREET ADDRESS **2699 LEE RD STE 405**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **D** ☐ Delete
NAME **MAKOUL, CAROL C**
STREET ADDRESS **215 E LAKE BRANTLEY DRIVE**
CITY-ST-ZIP **LONGWOOD FL 32779**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition
NAME **Long, O.Deon**
STREET ADDRESS **400 Park Ave.South, Ste 150**
CITY-ST-ZIP **Winter Park, FL 32789**

TITLE **C** ☒ Change ☐ Addition
NAME **Mitchell, Esq, John C.**
STREET ADDRESS **2699 Lee Rd., Ste 405**
CITY-ST-ZIP **Winter Park, FL 32789**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

GEORGE K. NOGA 4/21/03

407-875-0075

CR2E037 (10/02)