# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 31, 2009**
**Secretary of State**

DOCUMENT# N93000003997

**Entity Name:** THE CFA SOCIETY OF ORLANDO, INC.

**Current Principal Place of Business:**

200 S ORANGE AVENUE
SOAB 5, MAIL CODE 2056
ORLANDO, FL 32801

**New Principal Place of Business:**

1673 MASON AVE
SUITE #100
DAYTONA BEACH, FL 32117

**Current Mailing Address:**

P.O. BOX 2783
ORLANDO, FL 328022783

**New Mailing Address:**

**FEI Number: 59-3213363** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

BURGESS, ALLAN
200 S ORANGE AVENUE
SOAB 5, MAIL CODE 2056
ORLANDO, FL 32801 US

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

CANNON, CHRISTOPHER
1673 MASON AVE
SUITE #100
DAYTONA BEACH, FL 32117 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: CHRISTOPHER CANNON 03/31/2009
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: MR ( ) Delete
Name: BURGESS, ALLAN
Address: 200 S ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32810

Title: MR ( ) Delete
Name: GIBSON, JOHNNY T
Address: 390 N ORANGE AVE #700
City-St-Zip: ORLANDO, FL 32801

Title: MR ( ) Delete
Name: CANNON, CHRIS
Address: 1673 MASON AVE., STE. 100
City-St-Zip: DAYTONA BEACH, FL 32117

Title: MR ( ) Delete
Name: ROSS, MARC O
Address: 1224 KENTSHIRE CT
City-St-Zip: HEATHROW, FL 32746

Title: MR (X) Delete
Name: KALLEBO, ALEXANDER
Address: 13814 OCEAN PINE CIRCLE
City-St-Zip: ORLANDO, FL 32828

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: MR (X) Change ( ) Addition
Name: CANNON, CHRISTOPHER
Address: 1673 MASON AVE
City-St-Zip: DAYTONA BEACH, FL 32117

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MR (X) Change ( ) Addition
Name: KALLEBO, ALEXANDER
Address: 340 WEST CENTRAL AVE SUITE 300
City-St-Zip: WINTER HAVEN, FL 33880

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: CHRISTOPHER CANNON TRES 03/31/2009
Electronic Signature of Signing Officer or Director Date