


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90100 010 ****70.00

DOCUMENT # N94000000864																													
1. Entity Name CENTRAL FLORIDA BUSINESS TRAVEL ASSOCIATION, INC.																													
Principal Place of Business 3208C E. COLONIAL DR SUITE 293 PMB 293 ORLANDO, FL 32803 US			Mailing Address 3208C E. COLONIAL DR SUITE 293 PMB 293 ORLANDO, FL 32803 US																										
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State		4. FEI Number NOT APPLICABLE																									
Zip		Country		Zip																									
Country		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent ANDRY, STEPHANIE 3208 C EAST COLONIAL DRIVE 293 ORLANDO, FL 32803			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Name</td> <td colspan="5">Natalie Fore</td> </tr> <tr> <td style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> <td colspan="5">3208 C East Colonial Drive</td> </tr> <tr> <td style="padding: 2px;">City</td> <td colspan="4">Orlando</td> <td style="padding: 2px;">FL</td> </tr> <tr> <td style="padding: 2px;">Zip Code</td> <td colspan="5">32803</td> </tr> </table>			Name	Natalie Fore					Street Address (P.O. Box Number is Not Acceptable)	3208 C East Colonial Drive					City	Orlando				FL	Zip Code	32803				
Name	Natalie Fore																												
Street Address (P.O. Box Number is Not Acceptable)	3208 C East Colonial Drive																												
City	Orlando				FL																								
Zip Code	32803																												
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. <table style="width:100%;"> <tr> <td style="width:50%; vertical-align: bottom;"> SIGNATURE <i>Natalie Fore</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> </td> <td style="width:50%; vertical-align: bottom;"> DATE 3/9/07 </td> </tr> </table>						SIGNATURE <i>Natalie Fore</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE 3/9/07																						
SIGNATURE <i>Natalie Fore</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE 3/9/07																												
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																									
Make check payable to Florida Department of State																													
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																										
TITLE	PRES	<input checked="" type="checkbox"/> Delete	TITLE	Pres <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																									
NAME	LEQUIER, MARION		NAME	Fore, Natalie																									
STREET ADDRESS	285 INTERNATIONAL PARKWAY		STREET ADDRESS	501 West Church St.																									
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP	Orlando FL 32805																									
TITLE	VP/IA	<input checked="" type="checkbox"/> Delete	TITLE	VP/AA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																									
NAME	HARRILCHAK, DEBORAH		NAME	Behnke, Sue																									
STREET ADDRESS	8600 HANGAR BOULEVARD		STREET ADDRESS	5500 Hazeltinge National Drive																									
CITY-ST-ZIP	ORLANDO, FL 32822		CITY-ST-ZIP	Orlando FL 32812																									
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																									
NAME	FORE, NATALIE		NAME	Straub, Mary																									
STREET ADDRESS	ONE HUGHES WAY		STREET ADDRESS	4400 Aradaya Trail MS AL-444																									
CITY-ST-ZIP	ORLANDO, FL 32805		CITY-ST-ZIP	Orlando FL 32826																									
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																									
NAME	KLEIN, LISA		NAME	LeQuier, marion																									
STREET ADDRESS	7499 AUGUSTA NATIONAL DR.		STREET ADDRESS	285 International PKwy																									
CITY-ST-ZIP	ORLANDO, FL 32822		CITY-ST-ZIP	Lake Mary, FL 32746																									
TITLE	PP	<input checked="" type="checkbox"/> Delete	TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																									
NAME	ANDRY, STEPHANIE		NAME	Behal, Flo																									
STREET ADDRESS	270 DOUGLAS AVE		STREET ADDRESS	605 Crescent Executive Court																									
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714		CITY-ST-ZIP	Suite 600 Lake Mary FL 32746																									
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																									
NAME			NAME																										
STREET ADDRESS			STREET ADDRESS																										
CITY-ST-ZIP			CITY-ST-ZIP																										
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Natalie Fore</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: 3/9/07 DAYTIME PHONE #: 407 822 2950																										