

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001244

FILED
May 06, 2009
Secretary of State

Entity Name: CENTRAL FLORIDA FOREIGN-TRADE ZONE, INC.

Current Principal Place of Business:

2300 VIRGINIA AVE
FT PIERCE, FL 34982

New Principal Place of Business:

Current Mailing Address:

2300 VIRGINIA AVE
FT PIERCE, FL 34982

New Mailing Address:

FEI Number: 59-3231002 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DAUM, LARRY
2300 VIRGINIA AVE
FT PIERCE, FL 34982 US

Name and Address of New Registered Agent:

HOEFFNER, WILLIAM J
2300 VIRGINIA AVE
FT PIERCE, FL 34982 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: WILLIAM J. HOEFFNER

05/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: BABCOCK, TOM
Address: 261 MARINA DRIVE
City-St-Zip: FORT PIERCE, FL 34949

Title: D () Delete
Name: JACQUIN, MICHAEL
Address: 7348 COMMERCIAL CIRCLE
City-St-Zip: FORT PIERCE, FL 34951

Title: D () Delete
Name: HOWARD, RUDY
Address: 8495 S US 1
City-St-Zip: PORT ST LUCIE, FL 34952

Title: D () Delete
Name: ROWLEY, JANE
Address: 10521 SW VILLAGE CENTER DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34987

Title: D () Delete
Name: WILCOX, BILL
Address: 3000 INDUSTRIAL AVENUE #3
City-St-Zip: FORT PIERCE, FL 34946

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:

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: TOM BABCOCK

C

05/06/2009

Electronic Signature of Signing Officer or Director

Date