2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPURI

DOCUMENT # N95000002239

1. Entity Name CENTRAL FLORIDA INTERGROUP OF OVEREATERS ANONYMOUS, INC.



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POST OFFICE BOX 180293 P				Mailing Address POST OFFICE BOX 180293 CASSELBERRY, FL 32718-0293		2 V	,		19: WYN 202 11 91811	rt a: a: iani	
Principal Place of Business 3. M.			3. Mailing Address	Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01092006	Chg-NP	CR2E	037 (11/05)		
City & State			City & State			4. FEI Number					
Zip Country		Zip	Zip Country		5. Certificate of	Status Desired		\$8.75 Add Fee Required	itional i		
6. Name and Address of Current Registered Agent						7. Name and A	ddress of New R	egistered	Agent		
	0.150.4			- Nam	6/6/	one -	OCKriG	190		-	
SAILEAU, CHERYL A				Street Address			(P.O. Box Number is Not Acceptable)				
100 TUSKAWILLA RD WINTER SPRINGS, FL 32708-2830				721 Glen Gagle				is/e	Drive		
				City	Wint	ter Springs FL Zip Code 32708					
	named entit		the purpose of changing its	registered offic	e or registe	red agent, or both,	, in the State of Flo	rida. I an		- 0	
SIGNATURE .	J R	ana MJ d or printed name of registered agent	ond title 4 applicable. (NOTE	:: Registered Agent si	gnature required	d when reinstating)	4-	DATE	-06		
Filing Fee Is \$61.25 9. Election Campaign Due by May 1, 2006 Trust Fund Contribu						\$5.00 May Be			ck payable to		
	Due by N	May 1, 2006	Frust Fund C	ontribution.		Added to Fees	Flori	ida Depa	artment of St	ate	
10.	Due by h	OFFICERS AND DIF		ontribution.				•			
10.	DUE BY N					Added to Fees ADDITIONS/CHAI	NGES TO OFFICE	RS AND E	DIRECTORS IN		
	DP SOILEAU	OFFICERS AND DIF	RECTORS	11. TITLE NAME	70	Added to Fees ADDITIONS/CHAI	NGES TO OFFICE	RS AND E	Change	10 Addition	
TITLE NAME STREET ADDRESS	DP SOILEAU 100 TUSH	OFFICERS AND DIF I, CHERYL KAWILLA RD.	RECTORS	11. TITLE NAME STREET ADDRE	70	Added to Fees ADDITIONS/CHAI	NGES TO OFFICE	RS AND E	DIRECTORS IN Change	10 Addition	
TITLE NAME	DP SOILEAU 100 TUSH WINTER	OFFICERS AND DIF	RECTORS	11. TITLE NAME	70	Added to Fees ADDITIONS/CHAP	NGES TO OFFICE	RS AND E	DIRECTORS IN Change	10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DP SOILEAU 100 TUSH WINTER V	OFFICERS AND DIF I, CHERYL KAWILLA RD. SPRINGS, FL 3270828	RECTORS	11. TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE	70	Added to Fees ADDITIONS/CHAP	NGES TO OFFICE Soloria Lo 121 6/el	RS AND E	DIRECTORS IN Change	10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DP SOILEAU 100 TUSH WINTER V MORGIO	OFFICERS AND DIF I, CHERYL KAWILLA RD. SPRINGS, FL 3270828 NO, CYNTHIA	Delete 130	11. TITLE NAME STREET ADORE CITY-ST-ZIP TITLE NAME	ss 6	Added to Fees ADDITIONS/CHAP	NGES TO OFFICE Soloria Lo 121 6/el	RS AND E	DIRECTORS IN Change	10 PAddition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DP SOILEAU 100 TUSH WINTER V MORGIO 530 HEA	OFFICERS AND DIF I, CHERYL KAWILLA RD. SPRINGS, FL 3270828 NO, CYNTHIA THER BRITE CIRCLE	Delete 130	11. TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE	ss 6	Added to Fees ADDITIONS/CHAP	NGES TO OFFICE Soloria Lo 121 6/el	RS AND E	DIRECTORS IN Change	10 PAddition	
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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: 💆

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-06 407 977 8547
Date Daytime Plotte #

FILED

Apr 17, 2006 8:00 am Secretary of State

04-17-2006 90366 004 ****61.25