

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90062 039 ****61.25

DOCUMENT # N95000002239 1. Entity Name CENTRAL FLORIDA INTERGROUP OF OVEREATERS ANONYMOUS, INC.					
Principal Place of Business POST OFFICE BOX 180293 CASSELBERRY, FL 32718-0293			Mailing Address POST OFFICE BOX 180293 CASSELBERRY, FL 32718-0293		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent LOCKRIDGE, GLORIA 721 GLEN EAGLE DR WINTER SPRINGS, FL 32708				7. Name and Address of New Registered Agent Name Geraldine S. Barnes Street Address (P.O. Box Number is Not Acceptable) 1029 Nash Dr. City Celebration FL Zip Code 34747	
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 <u><i>Geraldine S. Barnes</i></u> 1-12-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	DP LOCKRIDGE, GLORIA 721 GLEN EAGLE DR WINTER SPRINGS, FL 32708	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Geraldine S. Barnes 1029 Nash Dr. Celebration, FL 34747	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARNES, GERI 1029 NASH DR CELEBRATION, FL 34747	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BETH GIBSON 4634 Belle Grove Leesburg, FL 34748	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS CARSON, ELAINE 998 BUCKSAW PL LONGWOOD, FL 32750	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS Michelle OWENS 33014 Karl Court Leesburg, FL 34788	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRENNAN, LOIS 413 EVESHAM PLACE LONGWOOD, FL 32779	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Judy Pitman 1405 Pylewood St. Fern Park, FL 32730	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: <u><i>Geraldine S. Barnes</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>JAN. 12, 2008</u> <small>Date Daytime Phone #</small>		