


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90221 033 \*\*\*\*61.25

<b>DOCUMENT # N99000004247</b>	
1. Entity Name <b>JUNIOR ACHIEVEMENT OF CENTRAL FLORIDA FOUNDATION, INC.</b>	

Principal Place of Business <b>2121 CAMDEN ROAD ORLANDO FL 32803</b>	Mailing Address <b>2121 CAMDEN ROAD ORLANDO FL 32803</b>
---	---

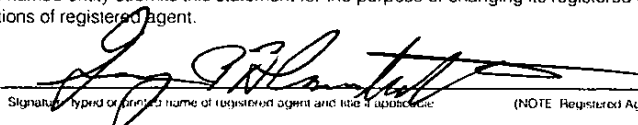
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/05)

4. FEI Number <b>59-3599158</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>RIDDLE III, J SCOTT 2121 CAMDEN ROAD ORLANDO FL 32803</b>		7. Name and Address of New Registered Agent Name <b>GARY R. BLANCHETTE</b> Street Address (P.O. Box Number is Not Acceptable) <b>2121 Camden Road</b> City <b>Orlando</b> FL Zip Code <b>32803</b>

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  DATE **4/25/06**

Signature typed or printed name of registered agent and title is applicable (NOTE: Registered Agent signature required when reappointing)

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
--	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIDDLE III, J SCOTT 2121 CAMDEN ROAD ORLANDO FL 32803 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT GARY R. BLANCHETTE 2121 Camden Road Orlando, Fl. 32803 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KNIPE, PATRICK J 4334 TIDEWATER DRIVE ORLANDO FL 32812 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILDING, ERNEST 1250 N PARK AVENUE WINTER PARK FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** \_\_\_\_\_