2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2009
Secretary of State

DOCUMENT# N99000007302

Entity Name: CNL CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

450 S ORANGE AVENUE
ORLANDO, FL 328013336

New Principal Place of Business:

Current Mailing Address:

P O BOX 4920
ORLANDO, FL 328024920

New Mailing Address:

FEI Number: 59-3613312 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MANOR, TIMOTHY J
215 N. EOLA DR.
ORLANDO, FL 32802 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	SENEFF, JAMES M JR	
Address:	1300 SUMMERLAND AVE.	
City-St-Zip:	WINTER PARK, FL 32789	
Title:	D	( ) Delete
Name:	BOURNE, ROBERT A	
Address:	1411 VIA TUSCANY	
City-St-Zip:	WINTER PARK, FL 32789	
Title:	DP	( ) Delete
Name:	SENEFF, TIMOTHY J	
Address:	1220 WILKENSON ST.	
City-St-Zip:	ORLANDO, FL 32803	
Title:	T	( ) Delete
Name:	SCHMIDT, TRACY G	
Address:	450 S. ORANGE AVE	
City-St-Zip:	ORLANDO, FL 32801	
Title:	D	( ) Delete
Name:	SENEFF, DAYLE L	
Address:	1300 SUMMERLAND AVE.	
City-St-Zip:	WINTER PARK, FL 32789	
Title:	D	( ) Delete
Name:	GOSSELIN, CAROLYN B	
Address:	450 S. ORANGE AVENUE	
City-St-Zip:	ORLANDO, FL 328013336	

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:	
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: TIMOTHY J. SENEFF P 02/13/2009

Electronic Signature of Signing Officer or Director — Date