

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000004272

**Entity Name:** CENTRAL FLORIDA RESEARCH AND EDUCATION  
FOUNDATION, INC.

**FILED**  
**Mar 26, 2013**  
**Secretary of State**  
**CC0680716487**

**Current Principal Place of Business:**

5201 RAYMOND STREET  
ORLANDO, FL 32803

**Current Mailing Address:**

5201 RAYMOND STREET  
ORLANDO, FL 32803 US

**FEI Number: 26-2623518**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

FITE, WILLIAM H  
5201 RAYMOND STREET  
ORLANDO, FL 32803 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title C  
Name LIEZERT, TIMOTHY W  
Address 5201 RAYMOND STREET  
City-State-Zip: ORLANDO FL 32803

Title D  
Name GOLDBERG, KENNETH C  
Address 5201 RAYMOND STREET  
City-State-Zip: ORLANDO FL 32803

Title P  
Name FITE, WILLIAM H  
Address 5201 RAYMOND STREET  
City-State-Zip: ORLANDO FL 32803

Title S  
Name CLOSE, KEITH A  
Address 5201 RAYMOND STREET  
City-State-Zip: ORLANDO FL 32803

Title D  
Name BRENNER, CHARLIE  
Address 3586 ALOMA AVENUE - SUITE # 5  
City-State-Zip: WINTER PARK FL 32792

*I hereby 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 all other like empowered.*

**SIGNATURE: WILLIAM H. FITE**

**PRESIDENT**

**03/26/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date