

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004182

FILED
Apr 25, 2007
Secretary of State

Entity Name: COMMUNITY FOUNDATION OF EAST CENTRAL FLORIDA, INC.

Current Principal Place of Business:

100 N WOODLAND BLVD
DELAND, FL 32720

New Principal Place of Business:

114 W. VOORHIS AVE.
DELAND, FL 32720

Current Mailing Address:

P.O. BOX 523
DELAND, FL 327210523

New Mailing Address:

P.O. BOX 523
DELAND, FL 327210523 US

FEI Number: 59-3663309

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FORTNER, KEN
210 BUNKER CT
DEBARY, FL 32713 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: PCEO () Delete
Name: SCHMELLYCK, NITA
Address: 411 GLEN ABBEY LANE
City-St-Zip: DEBARY, FL 32713

Title: D () Delete
Name: MARTIN, KIM
Address: 2611 CONCORD
City-St-Zip: DELAND, FL 32720

Title: PD () Delete
Name: BARRETT, MIKE
Address: 901 DOVE HUNTER RD
City-St-Zip: DELAND, FL 32724

Title: TD () Delete
Name: FORTNER, KEN
Address: 210 BUNKER CT
City-St-Zip: DEBARY, FL 32713

Title: D () Delete
Name: LAWRENCE-KNIGHT, DEBRA
Address: 1571 GARDA AVE
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: BECKWITH, JENNIFER
Address: 3395 MORNING DOVE DR
City-St-Zip: DELAND, FL 32720

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SHAW-BUCKSATH, ANASTASIA
Address: 2916 WEST COVINGTON DR
City-St-Zip: DELTONA, FL 32738

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: NITA SCHMELLYCK

PCEO

04/25/2007

Electronic Signature of Signing Officer or Director

Date