

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004182

FILED
Apr 19, 2011
Secretary of State

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

Current Principal Place of Business:

411 GLEN ABBEY LN.
DEBARY, FL 32713

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 523
DELAND, FL 327210523 US

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:

SCHMELICK, NITA
411 GLEN ABBEY LANE
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: CEO
Name: SCHMELICK, NITA
Address: 411 GLEN ABBEY LANE
City-St-Zip: DEBARY, FL 32713

Title: VPD
Name: BURTON, ALAN
Address: 915 OCEAN SHORE BLVD SUITE 707
City-St-Zip: ORMOND BEARCH, FL 32176

Title: PD
Name: SMITH, MATTHEW
Address: 1010 N. SWALLOWTAIL DR # 1504
City-St-Zip: PORT ORANGE, FL 32129

Title: T
Name: CLARK, LAURA LEE
Address: 466 FORT FLORIDA RD
City-St-Zip: DEBARY, FL 32713

Title: D
Name: RAHAMAN, KAMY
Address: 229 HAZELTINE DR.
City-St-Zip: DEBARY, FL 32713

Title: S
Name: MARTIN, CAROLYN
Address: 835 GATOR LANE
City-St-Zip: DELTONA, FL 32138

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: NITA SCHMELICK

CEO

04/19/2011

Electronic Signature of Signing Officer or Director

Date