2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707025

FILED Feb 19, 2007 Secretary of State

Entity Name: THE FLORIDA STATE DEMOLAY ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

6390 US 19 NORTH 12354 44TH STREET N

PINELLAS PARK, FL 33781 LIS CLEARWATER, FL 33762 US

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 2079 PALMETTO, FL 34220 US

FEI Number: 59-1271058 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

WARDELL, W G 11355 ERIE ROAD PARRISH, FL 34219 US

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

MARTI, WILLIAM A MARTI, WILLIAM A Name: Name: 5509 VANBUREN STREET Address: 5509 VANBUREN STREET Address: City-St-Zip: HOLLYWOOD, FL 33021 City-St-Zip: HOLLYWOOD, FL 33021

Title: Title: (X) Change () Addition () Delete

LYNN, RICHARD Name: LYNN, RICHARD Name: Address: POST OFFICE BOX 351090 Address: 4821 SW 188TH AVENUE

City-St-Zip: MIAMI, FL 33135 City-St-Zip: SW RANCHES, FL 33332

Title: () Delete Title: (X) Change () Addition

WARDELL, W. GORDON WARDELL, W. GORDON Name: Name: 11355 ERIE ROAD Address: Address: 11355 ERIE ROAD City-St-Zip: PARRISH, FL 34219 City-St-Zip: PARRISH, FL 34219

Title: () Delete Title: () Change () Addition

Name: HUNT, G LAWRENCE Name: Address: 880 OLEANDER WAY SOUTH Address: City-St-Zip: ST. PETERSBURG, FL 33707 City-St-Zip:

Title: () Delete Title: (X) Change () Addition GLENDINNING, RUSSELL B GLENDINNING, RUSSELL B Name: Name: 4496 GOLDEN LAKE DRIVE 4496 GOLDEN LAKE DRIVE Address: Address:

City-St-Zip: SARASOTA, FL 34233 City-St-Zip: SARASOTA, FL 34233 Title: () Delete Title: (X) Change () Addition

ANDERSON, GORDON L LEVAN, CHARLES M Name: Name: Address: POST OFFICE BOX 957 Address: 164 NIGHTINGALE CIRCLE ORMOND BEACH, FL 32175 ELLENTON, FL 34222 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: W. GORDON WARDELL TD 02/19/2007