

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 21, 2009  
Secretary of State**

DOCUMENT# N00000002302

Entity Name: FORT WALTON BEACH BONSAI SOCIETY, INC.

**Current Principal Place of Business:**

2817 JACK NICKLAUS WAY  
SHALIMAR, FL 325792227 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 224  
SHALIMAR, FL 325790224 US

**New Mailing Address:**

FEI Number: 59-3631436      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LIPPINCOTT, EDWIN W  
2817 JACK NICKLAUS WAY  
SHALIMAR, FL 325792227 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: DP ( ) Delete  
Name: FABIAN, LYNN  
Address: 1488 OAKMONT PL  
City-St-Zip: NICEVILLE, FL 32578

Title: TD ( ) Delete  
Name: LIPPINCOTT, EDWIN W  
Address: 2817 JACK NICKLAUS WAY  
City-St-Zip: SHALIMAR, FL 32579

Title: SD ( ) Delete  
Name: VANDERPOOL, LELAND  
Address: 902 MIDDLE DRIVE  
City-St-Zip: FORT WALTON BEACH, FL 32547

**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:

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: EDWIN W. LIPPINCOTT

TD

01/21/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date