2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# N02000006433

Entity Name: SANDALWOOD BAND ASSOCIATION, INC.

Current Principal Place of Business:

2750 JOHN PROM BLVD.
ATTN: SEAN MORGAN
JACKSONVILLE, FL 32246

New Principal Place of Business:

2750 JOHN PROM BLVD.
ATTN: RACHEL POMEROY
JACKSONVILLE, FL 32246

Current Mailing Address:

2750 JOHN PROM BLVD.
ATTENTION: SEAN MORGAN
JACKSONVILLE, FL 32246

New Mailing Address:

2750 JOHN PROM BLVD.
ATTN: RACHEL POMEROY
JACKSONVILLE, FL 32246

FEI Number: 23-7209269 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GLISSON, TED
2750 JOHN PROM BLVD.
JACKSONVILLE, FL 32246 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: P ( ) Delete
Name: GLISSON, TED
Address: 2750 JOHN PROM BLVD.
City-St-Zip: JACKSONVILLE, FL 32246

Title: V ( ) Delete
Name: MUCCIO, DONNA
Address: 2750 JOHN PROM BLVD.
City-St-Zip: JACKSONVILLE, FL 32246

Title: V ( ) Delete
Name: BATSON, DIVINA
Address: 2750 JOHN PROM BLVD.
City-St-Zip: JACKSONVILLE, FL 32246

Title: S ( ) Delete
Name: BERNHEIMER, TERRI
Address: 14319 STACEY RD.
City-St-Zip: JACKSONVILLE, FL 32250

Title: T ( ) Delete
Name: MURRAY, BRENDA
Address: 2750 JOHN PROM BLVD.
City-St-Zip: JACKSONVILLE, FL 32246

Title: D ( ) Delete
Name: LINDSEY, BETH
Address: 2750 JOHN PROM BLVD.
City-St-Zip: JACKSONVILLE, FL 32246

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:

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: BRENDA MURRAY T 04/06/2009

Electronic Signature of Signing Officer or Director — Date