

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03029

FILED
Apr 09, 2009
Secretary of State

Entity Name: FLORIDA ANTIQUE BUCKET BRIGADE, INC.

Current Principal Place of Business:

C/O JOHN S GASPAR
11 KODIAK PATH
ORMOND BEACH, FL 32174 US

New Principal Place of Business:

C/O FRANCIS A. MURPHY
3907 S.E. 15TH. STREET
OCALA, FL 34471 US

Current Mailing Address:

C/O JOHN S GASPAR
11 KODIAK PATH
ORMOND BEACH, FL 32174 US

New Mailing Address:

C/O FRANCIS A. MURPHY
3907 S.E. 15TH. STREET
OCALA, FL 34471 US

FEI Number: 65-0066578

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GASPAR, JOHN S
11 KODIAK PATH
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

MURPHY, FRANCIS A
3907 S.E. 15TH. STREET
OCALA, FL 34471 US

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: FRANCIS A. MURPHY

04/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CZAPLICKI, RON
Address: 6780 GREEN SWAMP ROAD
City-St-Zip: CLERMONT, FL 34714

Title: DV () Delete
Name: PEIFFER, HOWARD
Address: 46 CORMORANT CT.
City-St-Zip: PALM COAST, FL 32137

Title: SD () Delete
Name: GASPAR, JOHN S
Address: 11 KODIAK PATH
City-St-Zip: ORMOND BEACH, FL 32174

Title: TD () Delete
Name: PEAVY, JOHN
Address: 1755 CEDAR BAY RD
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: MURPHY, FRANCIS A
Address: 3907 S.E. 15TH. STREET
City-St-Zip: OCALA, FL 34471

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: FRANCIS A. MURPHY

SD

04/09/2009

Electronic Signature of Signing Officer or Director

Date