

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002165

FILED
Jan 06, 2009
Secretary of State

Entity Name: EAST WOODLAND ROAD HOME AND LAND OWNERS, INC.

Current Principal Place of Business:

119 E WOODLAND RD
SOUTHPORT, FL 32409

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 8167
SOUTHPORT, FL 32409

New Mailing Address:

119 E WOODLAND RD
SOUTHPORT, FL 32409

FEI Number: 72-1595047

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MICHAELS, GORDON L
119 E WOODLAND RD
SOUTHPORT, FL 32405 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: JONES, BILLY
Address: 607 E WOODLAND RD
City-St-Zip: SOUTHPORT, FL 32409

Title: DS () Delete
Name: KINARD, RACHEL
Address: 18 E WOODLAND RD
City-St-Zip: SOUTHPORT, FL 32409

Title: DT () Delete
Name: MICHAELS, GORDON
Address: 119 E WOODLAND RD
City-St-Zip: SOUTHPORT, FL 32409

Title: DVP () Delete
Name: CULLEN, VAL
Address: 104 E WOODLAND RD
City-St-Zip: PANAMA CITY, FL 32409

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:

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: GORDON L MICHAELS

DT

01/06/2009

Electronic Signature of Signing Officer or Director

_____ Date