2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012303

FILED Jan 16, 2009 Secretary of State

12832 NW CENTRAL ST. BRISTOL, FL 32321 Current Mailing Address: P.O. BOX 489 BRISTOL, FL 32321 FEI Number: 59-3502843 FEI Number Applied For () FEI Number Not Applicable () Certificate of State Name and Address of Current Registered Agent: Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CHARBONNEAU, EUGENE 12832 NW CENTRAL AVENUE BRISTOL, FL 32321 US The above named entity submits this statement for the purpose of changing its registered office or registered in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS Address: City-St-Zip: BRISTOL, FL 32321 Title: P () Delete Name: COPELAND, CARROLL Address: City-St-Zip: BRISTOL, FL 32321 Title: VP () Delete Name: DUBERT, MARVIN Name: DUBERT, MARVIN Name: DUBERT, MARVIN Name: DUBERT, MARVIN Name: SIGNATURE: City-St-Zip:							
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Current Mailing Address: New Mailing Address: P.O. BOX 489 BRISTOL, FL 32321 FEI Number: 59-3502843 FEI Number Applied For () FEI Number Not Applicable () Certificate of State Name and Address of Current Registered Agent: Name and Address of New Registered . CHARBONNEAU, EUGENE 12832 NW CENTRAL AVENUE BRISTOL, FL 32321 US The above named entity submits this statement for the purpose of changing its registered office or registered in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS / Name: COPELAND, CARROLL Name: Address: City-St-Zip: BRISTOL, FL 32321 City-St-Zip: City-St-Zip: Title: VP () Delete Title: () Change () Addition Name: DUBERT, MARVIN Name: DUBERT, M	Current Principal Place of Business:			New Principal Place	New Principal Place of Business:		
P.O. BOX 489 BRISTOL, FL 32321 FEI Number: 59-3502843 FEI Number Applied For () FEI Number Not Applicable () Certificate of State Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CHARBONNEAU, EUGENE 12832 NW CENTRAL AVENUE BRISTOL, FL 32321 US The above named entity submits this statement for the purpose of changing its registered office or registered in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS ADDITIONS/C			•				
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Name and Address of Current Registered Agent: CHARBONNEAU, EUGENE 12832 NW CENTRAL AVENUE BRISTOL, FL 32321 US The above named entity submits this statement for the purpose of changing its registered office or registered in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS // Title: P () Delete Title: () Change () Addition Name: Address: P.O. BOX 612 City-St-Zip: BRISTOL, FL 32321 City-St-Zip: BRISTOL, FL 32321 City-St-Zip: UP () Delete Title: () Change () Addition Name: DUBERT, MARVIN Name: DUBERT, MARVIN Name: Address: 21898 NE FOREST SERVICE RD. 103 Address: 21898 NE FOREST SERVICE RD. 103 City-St-Zip: HOSFORD, FL 32334 Title: S/TR () Delete Title: () Change () Addition Name: Name: BLACK, HUGH							
CHARBONNEAU, EUGENE 12832 NW CENTRAL AVENUE BRISTOL, FL 32321 US The above named entity submits this statement for the purpose of changing its registered office or registered in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS ADDITIONS/CHANGES TO OFFICERS AND STATE Title:	FEI Number:	: 59-3502843	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()		
12832 NW CENTRAL AVENUE BRISTOL, FL 32321 US The above named entity submits this statement for the purpose of changing its registered office or registered in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent	Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:		
in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date OFFICERS AND DIRECTORS: Title: P () Delete Name: COPELAND, CARROLL Address: P.O. BOX 612 City-St-Zip: BRISTOL, FL 32321 Title: VP () Delete Name: DUBERT, MARVIN Address: 21898 NE FOREST SERVICE RD. 103 City-St-Zip: HOSFORD, FL 32334 Title: S/TR () Delete Name: BLACK, HUGH Title: () Change () Addition Name: () Change () Addition	12832 NW	CENTŔAL AV	ENUE				
Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: Title: P () Delete Name: COPELAND, CARROLL Address: P.O. BOX 612 City-St-Zip: BRISTOL, FL 32321 Title: VP () Delete Name: DUBERT, MARVIN Address: 21898 NE FOREST SERVICE RD. 103 City-St-Zip: HOSFORD, FL 32334 Title: S/TR () Delete Name: BLACK, HUGH Date ADDITIONS/CHANGES TO OFFICERS / Title: () Change () Addition Name: () Change () Addition			submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,		
OFFICERS AND DIRECTORS: Title: P () Delete Title: () Change () Addition Name: COPELAND, CARROLL Name: Address: P.O. BOX 612 Address: City-St-Zip: BRISTOL, FL 32321 City-St-Zip: Title: VP () Delete Title: () Change () Addition Name: DUBERT, MARVIN Name: DUBERT, MARVIN Name: Address: 21898 NE FOREST SERVICE RD. 103 Address: City-St-Zip: HOSFORD, FL 32334 City-St-Zip: Title: S/TR () Delete Title: () Change () Addition Name: BLACK, HUGH	SIGNATU	RE:					
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Name: DUBERT, MARVIN Name: Address: 21898 NE FOREST SERVICE RD. 103 Address: City-St-Zip: HOSFORD, FL 32334 City-St-Zip: Title: S/TR () Delete Title: () Change () Addition Name: BLACK, HUGH Name:	Name: Address:	COPELAND, CA P.O. BOX 612	ARROLL	Name: Address:	() Change () Addition		
Name: BLACK, HUGH Name:	Title: Name: Address: City-St-Zip:	DUBERT, MARY 21898 NE FOR	/IN EST SERVICE RD. 103	Name: Address:	() Change () Addition		
City-St-Zip: HOSFORD, FL 32334 City-St-Zip:	Name: Address:	BLACK, HUGH 23572 NE BLUE	CREEK RD	Name: Address:	() Change () Addition		

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: EUGENE CHARBONNEAU CEO 01/16/2009