

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000013076

FILED  
Apr 02, 2009  
Secretary of State

Entity Name: STONECAVE HOMECOMING ASSOCIATION, INC.

**Current Principal Place of Business:**

6933 W UNIVERSITY AVE  
APT 604  
GAINESVILLE, FL 32607

**New Principal Place of Business:**

**Current Mailing Address:**

6933 W UNIVERSITY AVE  
#604  
GAINESVILLE, FL 32607

**New Mailing Address:**

6933 W UNIVERSITY AVE  
APT 604  
GAINESVILLE, FL 32607

FEI Number: 56-2598076

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

BIRD, DEBORAH  
6933 W UNIVERSITY AVE  
APT 604  
GAINESVILLE, FL 32607 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: ED ( ) Delete  
Name: BIRD, DEBORAH  
Address: 6933 W UNIVERSITY AVE #604  
City-St-Zip: GAINESVILLE, FL 32607

Title: D ( ) Delete  
Name: PAYNTER, GARY  
Address: 4133 E FREEDOM CIRCLE  
City-St-Zip: OOLTEWAH, TN 37363

Title: D ( ) Delete  
Name: BIRD, DONNA  
Address: 115 S BULOVA BLVD, UNIT B  
City-St-Zip: APOPKA, FL 32703

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: O (X) Change ( ) Addition  
Name: BILLIE J, MULLINS  
Address: 3101 SWEETBRIER TERRACE  
City-St-Zip: MIDLAND, MI 48642

Title: O (X) Change ( ) Addition  
Name: SYSPROL CONSULTANTS & TAX SERVICES  
Address: 109 S BULOVA BLVD  
City-St-Zip: APOPKA, FL 32703

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: DEBORAH BIRD

ED

04/02/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date