

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000862

FILED
Mar 27, 2009
Secretary of State

Entity Name: SOUTHEAST AREA MOTOR COACH ASSOCIATION, INC.

Current Principal Place of Business:

16371 RUNWAY DR
BROOKSVILLE, FL 34604 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 15304
BROOKSVILLE, FL 34604 US

New Mailing Address:

FEI Number: 59-3155764

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHRENKEL, CHARLES M PRES.
5158 NORTSHORE DR
POLK CITY, FL 33868 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: PRES () Delete
Name: SCHRENKEL, CHARLES PRES.
Address: 5158 NORTSHORE DR
City-St-Zip: POLK CITY, FL 33868

Title: SVPD () Delete
Name: ANDERSON, DOUG SR. V.P
Address: PO BOX 896
City-St-Zip: ROSELAND, FL 32957

Title: TD () Delete
Name: MOSSON, THOMAS F TREAS.
Address: 14531 DILBECK DR
City-St-Zip: SPRING HILL, FL 34610

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SVPD (X) Change () Addition
Name: MURRAY, BEWICK SR. V.P
Address: 246 W. PINE AVE
City-St-Zip: KINGSLAND, GA 31548

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: THOMAS F MOSSON

TREA

03/27/2009

Electronic Signature of Signing Officer or Director

Date