2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N99000002350

Entity Name: SAMPLE-MCDOUGALD HOUSE PRESERVATION SOCIETY, INC.

Current Principal Place of Business:

100 WEST ATLANTIC BLVD
3RD FLOOR
POMPANO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

100 WEST ATLANTIC BLVD
3RD FLOOR
POMPANO BEACH, FL 33060

New Mailing Address:

PO BOX 1599
POMPANO BEACH, FL 33061

FEI Number: 65-0917275 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOBBY, DANIEL T
100 WEST ATLANTIC BLVD
3RD FLOOR
POMPANO BEACH, FL 33060 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:	S	( ) Delete
Name:	PRICE, DORIS	
Address:	300 N.E. 4TH AVENUE	
City-St-Zip:	POMPANO BEACH, FL 33060	
Title:	T	( ) Delete
Name:	WHITE, MARGARET	
Address:	850 S.E. 5TH TERR.	
City-St-Zip:	POMPANO BEACH, FL 33060	
Title:	VP	( ) Delete
Name:	FARRIS, SHIRLEY	
Address:	613 NE 3 STREET	
City-St-Zip:	POMPANO BEACH, FL 33060	
Title:	ED	( ) Delete
Name:	HOBBY, DAN	
Address:	4230 NW 9 CT	
City-St-Zip:	COCONUT CREEK, FL 33066	
Title:	P	( ) Delete
Name:	DEJONG, DIRK D	
Address:	1314 EAST ATLANTIC BLVD	
City-St-Zip:	POMPANO BEACH, FL 33060	

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:	
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: DANIEL T. HOBBY ED 04/30/2009

Electronic Signature of Signing Officer or Director — Date