


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90029 006 ****61.25

| | | | | | |
|--|--|---|--|--|--|
| DOCUMENT # N99000002247 1. Entity Name S E D R A INC. | | | |  | |
| Principal Place of Business C/O CAREN J. STAUFFER 181 RIVERWOODS DR CHULUOTA, FL 32766 | | | Mailing Address C/O CAREN J. STAUFFER 181 RIVERWOODS DR CHULUOTA, FL 32766 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-3637533 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent STUFFER, CAREN 181 RIVERWOODS DR CHULUOTA, FL 32766 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MCMAHON, RUTH A 12257 SANDY RUN JUPITER, FL 33478 <div style="text-align: right;"><input type="checkbox"/> Delete</div> | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP PEREZ-RIDDLE, LIZ 15175 93RD LANE N JUPITER, FL 33478 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div> | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD CRANMER, BANY 15671 115TH AVE N JUPITER, FL 33478 <div style="text-align: right;"><input type="checkbox"/> Delete</div> | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD STAUFFER, CAREN 181 RIVERWOODS DR CHULUOTA, FL 32766 <div style="text-align: right;"><input type="checkbox"/> Delete</div> | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ASD THOMPSON, CAROL 3715 PENNSYLVANIA AVE MIMS, FL 32754 <div style="text-align: right;"><input type="checkbox"/> Delete</div> | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | RSD RAMSEY, MARIS 13209 CR 561A CLERMONT, FL 34711 <div style="text-align: right;"><input type="checkbox"/> Delete</div> | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div> | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <i>Caren Stauffer</i> CAREN STAUFFER | | | Date: 1-18-08 Daytime Phone #: 407-365-5601 | | |

ATTACHMENT

President

Ruthann McMahon
12257 Sandy Run, Jupiter, FL 33478

40013145

#199 000002277

Vice President

Kimberly Huck
1830 Old Stable Point, Chuluota, FL 32766

Secretary

Bany Cranmer
15671 115 Ave North, Jupiter, FL 33478

Treasurer

Caren Stauffer
181 Riverwoods Dr, Chuluota, FL 32766

Membership-Awards Secretary

Carol Thompson
PO Box 302, Mims, FL 32754

Sanctioning Secretary

Maris Ramsay
13209 CR 561A, Clermont, FL 34715