## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000002247

Entity Name: SEDRAINC.

FILED Mar 23, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

C/O CAREN J. STAUFFER 181 RIVERWOODS DR CHULUOTA, FL 32766

Current Mailing Address: New Mailing Address:

C/O CAREN J. STAUFFER 181 RIVERWOODS DR CHULUOTA, FL 32766

FEI Number: 59-3637533 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

STUFFER, CAREN

181 RIVERWOODS DR
CHULUOTA, FL 32766 US

STAUFFER, CAREN

181 RIVERWOODS DR
CHULUOTA, FL 32766 US

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: CAREN STAUFFER 03/23/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 MCMAHON, RUTH A
 Name:
 MCMAHON, RUTH A

 Address:
 12257 SANDY RUN
 Address:
 12257 SANDY RUN

 City-St-Zip:
 JUPITER, FL 33478
 City-St-Zip:
 JUPITER, FL 33478

Title: SD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 CRANMER, BANY
 Name:

 Address:
 15671 115TH AVE N
 Address:

 City-St-Zip:
 JUPITER, FL 33478
 City-St-Zip:

Title: TD () Delete Title: () Change () Addition

 Name:
 STAUFFER, CAREN
 Name:

 Address:
 181 RIVERWOODS DR
 Address:

 City-St-Zip:
 CHULUOTA, FL 32766
 City-St-Zip:

Title: ASD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 THOMPSON, CAROL
 Name:

 Address:
 3715 PENNSYLVANIA AVE
 Address:

 City-St-Zip:
 MIMS, FL 32754
 City-St-Zip:

 Name:
 RAMSAY, MARIS
 Name:
 RAMSAY, MARIS

 Address:
 13209 CR 561A
 Address:
 13209 CR 561A

 City-St-Zip:
 CLERMONT, FL 34711
 City-St-Zip:
 CLERMONT, FL 34711

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: CAREN STAUFFER TD 03/23/2009