2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# 761954

Entity Name: OLD STANTON, INC.

Current Principal Place of Business:

2787 PERCY ROAD
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

2787 PERCY ROAD
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: 59-2230026 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MITCHELL, ROBERT L
2787 PERCY ROAD
JACKSONVILLE, FL 32218 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:	DC	( ) Delete
Name:	MITCHELL, ROBERT L	
Address:	2787 PERCY ROAD	
City-St-Zip:	JACKSONVILLE, FL 32218	
Title:	D	( ) Delete
Name:	AIKENS, CHESTER A	
Address:	305 E. UNION STREET	
City-St-Zip:	JACKSONVILLE, FL 32202	
Title:	S	( ) Delete
Name:	MCINTOSH, C.B.	
Address:	4063 RIBAULT RIVER LANE	
City-St-Zip:	JACKSONVILLE, FL	
Title:	D	( ) Delete
Name:	GIRARDEAU, ARNETT E	
Address:	4215 RIBAULT RIVER LANE	
City-St-Zip:	JACKSONVILLE, FL 32208	
Title:	D	( ) Delete
Name:	MCLENDON-WILLIAMS, PRISCILLA	
Address:	2421 ST. LEDGER DRIVE	
City-St-Zip:	JACKSONVILLE, FL 32209	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

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:		
Title:	D	( ) Change (X) Addition
Name:	RASBERRY, WALLACE	
Address:	2787 PERCY RD.	
City-St-Zip:	JACKSONVILLE, FL 32218	

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: ROBERT L. MITCHELL CD 04/01/2009

Electronic Signature of Signing Officer or Director — Date