

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011211

FILED  
Apr 05, 2009  
Secretary of State

Entity Name: AVALON DRUID ORDER, INC.

## Current Principal Place of Business:

648 DICKERSON ROAD  
WILLIS, VA 24380

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 62151  
FORT MYERS, FL 33906

## New Mailing Address:

FEI Number: 20-1963985

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PRETTYMAN, MICHELLE  
9143 CALOOSA RD  
FORT MYERS, FL 33912 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: D ( ) Delete  
Name: BERGMAN, G.F. JR  
Address: 648 DICKERSON RD  
City-St-Zip: WILLIS, VA 24380

Title: D ( ) Delete  
Name: PAIGE, LISA  
Address: 19386 ORCHID TREE COURT  
City-St-Zip: LEHIGH ACRES, FL 33936

Title: D ( ) Delete  
Name: PRESSLER, JASON  
Address: 19412 CYPRESS VIEW DR  
City-St-Zip: FORT MYERS, FL 33912

Title: P ( ) Delete  
Name: MORGAN, MICHAEL  
Address: 5483 BEAUJOLAIS LN  
City-St-Zip: FORT MYERS, FL 33919

Title: S ( ) Delete  
Name: MORIN, CAROLIN  
Address: 1534 RUE ROBILLARD  
City-St-Zip: SAINT HUBERT QUEBEC, J4T1C3

Title: T ( ) Delete  
Name: BELL, MILLISA  
Address: 4075 PRINCETON ST  
City-St-Zip: FORT MYERS, FL 33912

## 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: T (X) Change ( ) Addition  
Name: BELL, MILLISA  
Address: 327 UTANA AVE  
City-St-Zip: FORT MYERS, FL 33905

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: MILLISA A. BELL

T

04/05/2009

Electronic Signature of Signing Officer or Director

Date