

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703460

FILED  
Jan 11, 2009  
Secretary of State

Entity Name: FLORIDA STATE GRANGE, INC.

## Current Principal Place of Business:

4805 BLANCA DRIVE  
ZEPHYRHILLS, FL 33541 US

## New Principal Place of Business:

## Current Mailing Address:

4805 BLANCA DRIVE  
ZEPHYRHILLS, FL 33541 US

## New Mailing Address:

FEI Number: 23-7214707

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WATSON, GERALDINE  
4805 BLANCO DRIVE  
ZEPHYRHILLS, FL 33541 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: V ( ) Delete  
Name: BORDERIEUX, BARBARA  
Address: 3915 38TH AVE  
City-St-Zip: PALMETTO, FL 34221

Title: D ( ) Delete  
Name: MCHENRY, SHARON  
Address: 230 CHOO CHOO LN  
City-St-Zip: VALRICO, FL 33594

Title: P ( ) Delete  
Name: GRAY, RUTH  
Address: PO BOX 714  
City-St-Zip: WEIRSDALE, FL 32195

Title: T ( ) Delete  
Name: ANDREWS, MADELIN  
Address: 9303 FRUITVILLE RD  
City-St-Zip: SARASOTA, FL 34240

Title: S ( ) Delete  
Name: WATSON, GERALDINE  
Address: 4805 BLANCO DRIVE  
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: D ( ) Delete  
Name: SMITH, WALTER  
Address: 4756 65TH ST  
City-St-Zip: WINTER BEACH, FL 32971

## 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: ( ) 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: GERALDINE WATSON

S

01/11/2009

Electronic Signature of Signing Officer or Director

Date