

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709063

FILED
Apr 29, 2009
Secretary of State

Entity Name: HIBISCUS GRANGE NO. 201 INC.

Current Principal Place of Business:

32N BROADWAY
FELLSMERE, FL 32948

New Principal Place of Business:

142 SOUTH CYPRESS ST
FELLSMERE, FL 32948

Current Mailing Address:

PO BOX 186
FELLSMERE, FL 32948

New Mailing Address:

142 SOUTH CYPRESS ST
FELLSMERE, FL 32948

FEI Number: 23-7213497

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATT, SHERLEE
142 S. CYPRESS ST.
FELLSMERE, FL 32948 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: T () Delete
Name: WATT, SHERLEE
Address: 142 SO. CYPRESS STREET
City-St-Zip: FELLSMERE, FL 32948

Title: D () Delete
Name: AKERS, REVIS
Address: 111 SO. OLEANDER STREET
City-St-Zip: FELLSMERE, FL 32948

Title: P () Delete
Name: MATTFELD, PAUL
Address: PO BOX 100
City-St-Zip: FELLSMERE, FL 32948

Title: S () Delete
Name: WATT, SHERLEE
Address: 142 S. CYPRESS ST.
City-St-Zip: FELLSMERE, FL 329486720

Title: D () Delete
Name: HURST, EMILY
Address: 207 S. OAK ST
City-St-Zip: FELLSMERE, FL 32948

Title: D () Delete
Name: GUNSALUS, PHYLLIS
Address: 283 MORRISTOWN CAY
City-St-Zip: VERO BEACH, FL 32966

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: MATTFELD, PAUL A
Address: 429 PAPAYA CIRCLE
City-St-Zip: BAREFOOT BAY, FL 32976

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: PAUL A. MATTFELD

T

04/29/2009

Electronic Signature of Signing Officer or Director

Date