**2008 NOT-FOR-PROFIT CORPORATION** ANNUAL REPORT (AR)

| DOCUMENT # 709692  1. Entity Name   |                        |                                     |   |                        |                         |  | FILED   |                             |                  |                           |  |
|---|------------------------|-------------------------------------|---|------------------------|-------------------------|--|---|-----------------------------|------------------|---------------------------|--|
|   |                        |                                     | THE SOCIETY FOR GEMENT OF BARBER                          |                        |                         |  | 08 NOV -5 PM 5: 12  |                             |                  |                           |  |
| Principal Plac<br>131 HAMMO<br>GREENACRI<br>US  | OCKS COUR              | RT                                  | Mailing Address 131 HAMMOCKS COURT GREENACRES FL 33413 US |                        |                         |  | SECRETARY OF STATE TALLAHASSEF, ELOPIDA                           |                             |                  |                           |  |
| 10649   | AUE. O                 | ess - No P.O. Box #                 | 3. Mailing Address 10649 AVE OF THE PGA                   |                        |                         | RE   | INS'  | <b>TATEM</b>                | ENT              | '08                       |  |
| Suite, Apt.   | #. etc.                |                                     | Suite, Apt. #, etc.                                       |                        |                         |  | 2nd MOORE CR2E037 (4/08)  |                             |                  |                           |  |
| PALL BE   | e<br>Lacu Ga           | ROENI, FL                           | MALLY ITEACH GRARGERY 0                                   |                        |                         | 4. FEI   | 4. FEI Number   |                             |                  | plied For<br>t Applicable |  |
| Ziq _   | 33418 Country USA      |                                     | 3341B   |                        | Country<br>USA          |  | 5. Certificate of Status Desired   \$8.75 Additional Fee Required |                             |                  |                           |  |
|   | 6. Name                | and Address of Current F            | Name (  |                        |                         | 7. Name and Address of New Registered Agent          |   |                             |                  |                           |  |
|   | RÑOW, LE               | EO<br>CKS COURT                     | Street A  |                        |                         | ddress (P.O. Box Number is Not Acceptable)           |   |                             |                  |                           |  |
|   |                        | S FL 33413                          | /06   |                        |                         | TI NUE. UI (HE I (II)                                |   |                             |                  |                           |  |
| Palu Brach Grade us FL Zinggode 18  |                        |                                     |   |                        |                         |  |   |                             |                  |                           |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.   |                        |                                     |   |                        |                         |  |   |                             |                  |                           |  |
| SIGNATURE Signature, typed or printed name of registered agent and tills if applicable.  HOWARD WOORD 9 (124/2008)  INOTE, Registered Agent signature required when reinstating)  DATE  |                        |                                     |   |                        |                         |  |   |                             |                  |                           |  |
|   |                        | : FEE IS \$61.25<br>ptember 3, 2008 | 9. Election Campaign Financing Trust Fund Contribution.   |                        |                         | \$5.00<br>Added t                                    | May Be<br>to Fees   | Make Checi<br>Florida Depar |                  |                           |  |
| 10.   | DS                     | OFFICERS AND DIR                    |   | 11.                    |                         |  |   | S TO OFFICERS AND DI        |                  |                           |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | ZORNOW,<br>131 HAMM    |                                     |   |                        |                         | 10.  | 72 P. 18-1  | .3732843<br>-0061003 *      | ±461.25          | Addition                  |  |
| TITLE<br>NAME   | DP<br>BROWN, J         | AMES P                              | Delete TITLE  |                        |                         |  |   |                             | Change           | Addition                  |  |
| STREET ADORESS<br>CITY-ST-ZIP   | 794 CARA               | WAY COURT<br>ON FL 33414            | STRE  |                        | ET ADDRESS<br>-ST-ZIP   | 400137328434<br>11/19/0801021011 **175.00            |   |                             |                  |                           |  |
| NAME  | DT-<br>WOODROV         | W, WOODY                            |   |                        | .   (                   |  |   | OUROW OF                    |                  | Addition                  |  |
| STREET ADDRESS<br>CITY-ST-ZIP   | 10649                  | CH GARDENS FL 33418                 |   |                        | ET ADDRESS<br>- ST- ZIP | 10649 AVE OF THE PGA<br>PALM BEACH GANDEM, FL. 33418 |   |                             |                  |                           |  |
| TITLE   | D                      |                                     | ☐ Delete TITU   |                        |                         | 1464 170   | - ACH (   | ZA(UBV) V                   | Change           | Addition                  |  |
| NAME<br>STREET ADDRESS  | PRINCE, BI<br>402 WOOD | RUCE<br>OVIEW CIRCLE                | NAM<br>STRE   |                        | E<br>Et address         |  |   |                             |                  |                           |  |
| CITY-ST-ZIP   | PALM BEA               | CH GARDENS FL 33418                 | CITY-   |                        | -ST-ZIP                 | <del></del>  |   |                             | Change           | <b>∏</b> Addition         |  |
| NAME  |                        |                                     | NAME<br>STREE   |                        | ε .                     | STEVE A<br>8157 PH                                   | L LIAPI   | OULIOS DA                   | ☐ Change         | [ A Audition              |  |
| STREET ADDRESS<br>CITY-ST-ZIP   |                        |                                     |   |                        | ET ADDRESS<br>- ST-ZIP  | WEST PAL   | M BEALL   | L, FL. 33406-               | 7841             |                           |  |
| TITLE   |                        |                                     | Delete TITLE  |                        |                         |  |   |                             | Change           | Addition                  |  |
| STREET ADDRESS CITY-S1-2IP  |                        |                                     |   | ET ADDRESS<br>- ST-ZIP |                         |  |   | . 00                        | $\mathbf{u}/L$   |                           |  |
| 12   hereby   | certify that th        | e information supplied with         | this filing does not qualify                              | for the ev             | emotions co             | ontained in Cha                                      | pter 119, Flo   | rida Statutes. I further ce | rtify that the i | nformation                |  |
| indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                        |                                     |   |                        |                         |  |   |                             |                  |                           |  |

Hunda Whater ) 9/24/2009