

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709784

FILED  
Apr 18, 2009  
Secretary of State

Entity Name: TI-LI, INC.

## Current Principal Place of Business:

300 FLORENCE AVENUE  
P. O. BOX 50901  
TICE, FL 33905 US

## New Principal Place of Business:

P. O. BOX 50901  
TICE, FL 33905 US

## Current Mailing Address:

P. O. BOX 50901  
TICE, FL 33994 US

## New Mailing Address:

FEI Number: 25-3909335

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BROCK, MALCOLM C.  
4180 ELLIS ROAD  
FT. MYERS, FL 33905 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: S ( ) Delete  
Name: BROCK, MALCOLM C  
Address: 4180 ELLIS ROAD  
City-St-Zip: FT MYERS, FL 00000,

Title: T ( ) Delete  
Name: ROBERTS, D  
Address: 287 GIRNADA BLVD  
City-St-Zip: FT MYERS, FL 00000,

Title: D ( ) Delete  
Name: AMMON, BENJIMIN  
Address: 4641 UNDERWOOD DRIVE  
City-St-Zip: FT MYERS, FL

Title: C ( ) Delete  
Name: MCGARITY, RICHARD  
Address: 4325 ORANGEWOOD AVE  
City-St-Zip: FORT MYERS, FL 33901

Title: D ( ) Delete  
Name: CREWS, LEON  
Address: 4730 LONGLAKE DR  
City-St-Zip: FORT MYERS, FL

Title: D ( ) Delete  
Name: LAHYON, TERRY  
Address: 3240 EDGEWOOD AVE  
City-St-Zip: FORT MYERS, FL 33916

## 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: MALCOLM BROCK

MR.

04/18/2009

Electronic Signature of Signing Officer or Director

Date