

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 10, 2009
Secretary of State

DOCUMENT# 712864

Entity Name: MISSION VALLEY GOLF AND COUNTRY CLUB, INC.**Current Principal Place of Business:**1851 MISSION VALLEY BLVD
LAUREL, FL 34272 US**New Principal Place of Business:****Current Mailing Address:**PO BOX 266
LAUREL, FL 34272 US**New Mailing Address:****FEI Number:** 59-1230602**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HORLICK, MICHAEL
604 APALACHICOLA RD.
VENICE, FL 34275 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: P () Delete
Name: LEWIS, OWEN
Address: 242 HIDDEN BAY DRIVE #501
City-St-Zip: OSPREY, FL 34229

Title: VP () Delete
Name: HILLERY, JUDITH
Address: 1109 SCHERER WAY
City-St-Zip: OSPREY, FL 34229

Title: S () Delete
Name: BEHARRELL, DICK
Address: 7348 FEATHERSTONE BLVD
City-St-Zip: SARASOTA, FL 34238

Title: T (X) Delete
Name: LAWSON, WILLIAM
Address: 709 EAGLE POINT DR
City-St-Zip: VENICE, FL 34285

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:

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: OWEN LEWIS

P

06/10/2009

Electronic Signature of Signing Officer or Director

Date