

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713543

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: DESOTO TOWERS, INC.

**Current Principal Place of Business:**

C/O PATRICIA BARBER  
1523 SIXTH AVENUE WEST  
BRADENTON, FL 34205

**New Principal Place of Business:**

**Current Mailing Address:**

C/O PATRICIA BARBER  
1523 SIXTH AVENUE WEST  
BRADENTON, FL 34205

**New Mailing Address:**

FEI Number: 59-1295857

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DINGER, SANDRA L  
1523 SIXTH AVENUE WEST  
BRADENTON, FL 34205 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: WALKER, DAWN  
Address: 1523 6TH AVE W  
City-St-Zip: BRADENTON, FL 34205

Title: VP ( ) Delete  
Name: LEAKS, CURTIS  
Address: PO BOX 727  
City-St-Zip: BRADENTON, FL 34205

Title: PD ( ) Delete  
Name: BARBER, PATRICIA,  
Address: 1523 6TH AVE W  
City-St-Zip: BRADENTON, FL 34205

Title: VTD ( ) Delete  
Name: EVANS, DONALD  
Address: 421 12TH STR W  
City-St-Zip: BRADENTON, FL

**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: PATRICIA BARBER

PRES

03/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date