

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719059

FILED
Apr 27, 2009
Secretary of State

Entity Name: FLORIDA ACECAPADERS, INCORPORATED

Current Principal Place of Business:

12315 SR 674
LITHIA, FL 33547

New Principal Place of Business:

Current Mailing Address:

12315 SR 674
LITHIA, FL 33547

New Mailing Address:

12315 SR 374
LITHIA, FL 33547

FEI Number: 59-1315522

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CIANFRONE, ATTY. JOSEPH R P.A.
1968 BAYSHORE BOULEVARD
DUNEDIN, FL 34698 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: WILLIAM, KELLY
Address: 12315 S.R. 6TH LOT #4
City-St-Zip: LITHIA, FL 33547

Title: D () Delete
Name: RAPOZA, JOSEPH
Address: 12315 S.R. 674 LOT #22
City-St-Zip: LITHIA, FL 33547

Title: D () Delete
Name: JOHNSON, RONALD
Address: 12315 #1 SR 674
City-St-Zip: LITHIA, FL 33547

Title: D () Delete
Name: LEAVITT, CARROLL
Address: 12315 S.R. 674 LOT #43
City-St-Zip: LITHIA, FL 33547

Title: D () Delete
Name: FERGUSON, KATHLEEN
Address: 12315 S.R. 674 LOT #71
City-St-Zip: LITHIA, FL 33547

Title: D () Delete
Name: TORREY, NANCY
Address: 12315 S.R. 674 LOT #9
City-St-Zip: LITHIA, FL 33547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MCMAHON, MARILYN J
Address: 12315 S.R. 674 LOT #71
City-St-Zip: LITHIA, FL 33547

Title: D (X) Change () Addition
Name: TARR, LINDA
Address: 12315 S.R. 674 LOT #54
City-St-Zip: LITHIA, FL 33547

Title: D (X) Change () Addition
Name: KELLY, WILLIAM
Address: 12315 #1 SR 674 LOT #4
City-St-Zip: LITHIA, FL 33547

Title: D (X) Change () Addition
Name: WELCH, GLORIA
Address: 12315 S.R. 674 LOT #52
City-St-Zip: LITHIA, FL 33547

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: ROBERT STOUGHTON

TREA

04/27/2009

Electronic Signature of Signing Officer or Director

Date