

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719600

FILED  
Jan 25, 2010  
Secretary of State

Entity Name: 902 SO. DAKOTA AVE., INC.

**Current Principal Place of Business:**

902 S. DAKOTA AVENUE  
UNIT 5B  
TAMPA, FL 33606 US

**New Principal Place of Business:**

**Current Mailing Address:**

902 S. DAKOTA AVENUE  
UNIT 5B  
TAMPA, FL 33606 US

**New Mailing Address:**

FEI Number: 59-1304847      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CRAIG, LESTER D DR.  
902 S. DAKOTA AVE  
UNIT 5B  
TAMPA, FL 33606 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: PD  
Name: BROWNLEE, HUNTER  
Address: 902 S. DAKOTA AVENUE, 2A  
City-St-Zip: TAMPA, FL 33606

Title: D  
Name: DYAL, LUCIUS M  
Address: 402 S. DAKOTA AVENUE, 4A  
City-St-Zip: TAMPA, FL 33606

Title: SD  
Name: GANDEE, CYNTHIA  
Address: 902 S. DAKOTA AVENUE, 5A  
City-St-Zip: TAMPA, FL 33606

Title: VPD  
Name: GARRISON, CHARLES  
Address: 902 S. DAKOTA AVENUE, 3B  
City-St-Zip: TAMPA, FL 33606

Title: TD  
Name: LESTER, CRAIG D DR.  
Address: 902 S. DAKOTA AVENUE, 5B  
City-St-Zip: TAMPA, FL 33606

I hereby 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 all other like empowered.

SIGNATURE: DR. LESTER D. CRAIG

TD

01/25/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date