2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 23, 2005 8:00 am **Secretary of State DOCUMENT # 720230** 1. Entity Name 03-23-2005 90045 004 ****70.00 DAIRYMEN LODGE, INC. Principal Place of Business Mailing Address P.O. BOX 432 QUITMAN GA 31643 % GWEN ARRENDALE 904 N COURT ST QUITMAN GA 31643 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 25-6608478 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WARREN JR.JESSE F Street Address (P.O. Box Number is Not Acceptable) 119 WEST JEFFERSON TALLAHASSEE FL Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5,00 May Be Make Check Payable to > Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE ☐ Delete Addition FRANKLIN, SMITH NAME NAME Ginger J. Whitaker 6788 PATTEN COOLIDGE RD. STREET ADDRESS STREET ADDRESS 11295 Elkins Rd, Suite Kl COOLIDGE GA 31738 CITY-ST-ZIP CITY-ST-ZIP 30077-1567 Roswell, GA TITLE TITLE Change Delete Addition HAROLD, BURTON NAME NAME Jane McLane 12079 E. 84 STREET ADDRESS STREET ADDRESS Pinecliff Dr. THOMASVILLE GA 31792 CITY-SI-ZIP CITY-ST-ZIP Valdosta, Ga. 31601 ST Addition: TITLE ☐ Delete TITLE Change GWEN, ARRENDALE NAME NAME Glenn Burton 904 N. CT. ST. STREET ADDRESS STREET ADDRESS 13745 US Hwy 84 E **QUITMAN GA 31643** CITY-ST-ZIP CITY-ST-ZIP Thomasville, Ga. 31757 TITLE Delete THLE Addition MCLANE, JANE NAME PINECLIFF DR STREET ADDRESS STREET ADDRESS VALDOSTA GA 31601 CITY-ST-7IP CITY-ST-ZIP HILE ☐ Delete TITLE Change ☐ Addition T.E., BLAND NAME 5723 JUMPING GULLEY RD. STREET ADDRESS STREET ADDRESS VALDOSTA GA 31601 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete ☐ Change ☐ Addition NANCY, TENNYSON NAME NAME MAGNOLIA DR. STREET ADDRESS STREET ADDRESS **QUITMAN GA 31643** CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information

indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if

SIGNATURE: _

changed, or on an attachmer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-05 229.263.8375

FILED