2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# 723964

Entity Name: SILVER PINES NO.1, INC.

Current Principal Place of Business:

1640 NE 40TH AVE.
OCALA, FL 34470 US

New Principal Place of Business:

1640 NE 40TH AVE.
109
OCALA, FL 34470 US

Current Mailing Address:

1640 NE 40TH AVE.
OCALA, FL 34470 US

New Mailing Address:

1640 NE 40TH AVE.
109
OCALA, FL 34470 US

FEI Number: 59-1636059 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PRPICH, THOMAS F
1640 N.E. 40TH AVE.
UNIT 109
OCALA, FL 34470 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:	WAKELAND, DIANE	
Address:	1640 NE 40 AVE #202	
City-St-Zip:	OCALA, FL 34470	
Title:	S	( ) Delete
Name:	SNIDER, PATSY	
Address:	1640 NE 40 AVE #209	
City-St-Zip:	OCALA, FL 34470	
Title:	T	( ) Delete
Name:	DIEN, THOMAS E DR	
Address:	1640 NE 40 AVE #109	
City-St-Zip:	OCALA, FL 34470	
Title:	D	( ) Delete
Name:	STURGIS, ALFRED	
Address:	1640 NE 40 AVE #105	
City-St-Zip:	OCALA, FL 34470	
Title:	D	( ) Delete
Name:	COWDEN, JACK	
Address:	1640 NE 40 AVE #107	
City-St-Zip:	OCALA, FL 34470	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	PRPICH, THOMAS F	
Address:	1640 NE 40 AVE #109	
City-St-Zip:	OCALA, FL 34470	
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: THOMAS F PRPICH T 04/15/2009

Electronic Signature of Signing Officer or Director — Date