2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# 726285

Entity Name: SUN 'N FUN CHAPTER 454 (EAA), INC.

Current Principal Place of Business:

6082 VELVET LOOP
LAKELAND, FL 33811

New Principal Place of Business:

Current Mailing Address:

6082 VELVET LOOP
LAKELAND, FL 33811

New Mailing Address:

FEI Number: 59-2771964 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RHODES, GRACE E MS.
6082 VELVET LOOP
LAKELAND, FL 33811 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	( ) Delete
Name:	BYRD, RONALD MR	
Address:	10210 FOX CENTRAL	
City-St-Zip:	POLK CITY, FL 33868	
Title:	VD	( ) Delete
Name:	BOUDREAU, DENNIS MR	
Address:	5224 MESSINA	
City-St-Zip:	LAKELAND, FL 33813	
Title:	SD	( ) Delete
Name:	JANK, STEPHEN P MR	
Address:	197 WOODHALL DRIVE	
City-St-Zip:	MULBERRY, FL 33860	
Title:	TD	( ) Delete
Name:	RHODES, GRACE E MS	
Address:	6082 VELVET LOOP	
City-St-Zip:	LAKELAND, FL 33811	
Title:	OD	( ) Delete
Name:	RHODES, JACK J MR.	
Address:	6082 VELVET LOOP	
City-St-Zip:	LAKELAND, FL 33811	
Title:	0D	( ) Delete
Name:	GIBSON, JAMES MR.	
Address:	321 CRAPE MYRTLE LN.	
City-St-Zip:	POLK CITY, FL 33868	

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:	
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: GRACE E. RHODES TD 01/14/2009

Electronic Signature of Signing Officer or Director — Date