

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726762

FILED
Aug 28, 2009
Secretary of State

Entity Name: BUTLER CHAIN CONSERVATION ASSOCIATION, INC.

Current Principal Place of Business:

4226 DOWN EAST LN
WINDEMERE, FL 34786

New Principal Place of Business:

Current Mailing Address:

PO BOX 405
WINDEMERE, FL 34786

New Mailing Address:

FEI Number: 23-7088397 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PAGE, FRANK L CPA
6068 S APOPKA VINELAND RD
SUITE 5
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

COGSWELL, LUCY
10553 DOWN LAKEVIEW CIR
WINDERMERE, FL 34786 US

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: LUCY COGSWELL

08/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COGSWELL, LUCY
Address: 10553 DOWN LAKEVIEW CIR
City-St-Zip: WINDERMERE, FL 34786

Title: VPD () Delete
Name: KELLY, PATRICK
Address: 11063 CLIPPER CT
City-St-Zip: WINDERMERE, FL 34786

Title: TD () Delete
Name: CONNOLLY, ANN
Address: 4226 DOWN EAST LN
City-St-Zip: WINDERMERE, FL 34786

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:

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: ANN U. CONNOLLY

TD

08/28/2009

Electronic Signature of Signing Officer or Director

Date