

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727694

FILED  
Mar 12, 2009  
Secretary of State

Entity Name: ECONFINA ESTATES PARK, INC.

## Current Principal Place of Business:

7295 ECONFINA ESTATES ROAD  
YOUNGSTOWN, FL 32466

## New Principal Place of Business:

## Current Mailing Address:

7239 ECONFINA ESTATES RD  
YOUNGSTOWN, FL 32466

## New Mailing Address:

7295 ECONFINA ESTATES ROAD  
YOUNGSTOWN, FL 32466

FEI Number: 59-1764992

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PRATHER, ROSE  
7239 EONFINA ESTATES RD  
YOUNGSTOWN, FL 32466 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: KRISTY, SMITH  
Address: 2320 ROLLING PINES RD  
City-St-Zip: CHIPLEY, FL 32428

Title: VP ( ) Delete  
Name: COLEMAN, LEESA  
Address: 1102 EMORY DRIVE  
City-St-Zip: PANAMA CITY, FL 32405

Title: S ( ) Delete  
Name: SLONINA, SUSAN  
Address: 1122 FLORIDA AVE.  
City-St-Zip: LYNN HAVEN, FL 32444

Title: T ( ) Delete  
Name: PRATHER, ROSE  
Address: 7239 ECONFINA ESTATES RD.  
City-St-Zip: YOUNGSTOWN, FL 32466

Title: D ( ) Delete  
Name: RHODES, ROBERT  
Address: 7266 ECONFINA ESTATES RD  
City-St-Zip: YOUNGSTOWN, FL 32466

Title: D ( ) Delete  
Name: HADDOCK, BONNIE  
Address: 7313 LONE CEDAR DRIVE  
City-St-Zip: YOUNGSTOWN, FL 32466

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: KRISTY, SMITH  
Address: 7506 GILES LANE  
City-St-Zip: YOUNGSTOWN, FL 32466

Title: VP (X) Change ( ) Addition  
Name: COLEMAN, LEESA  
Address: 1103 EMORY DRIVE  
City-St-Zip: PANAMA CITY, FL 32405

Title: S (X) Change ( ) Addition  
Name: SLONINA, SUSAN  
Address: 14210 HIGHWAY 77  
City-St-Zip: SOUTHPORT, FL 32409

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: ROSE PRATHER

T

03/12/2009

Electronic Signature of Signing Officer or Director

Date