

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727944

FILED  
Jan 13, 2009  
Secretary of State

Entity Name: FRIENDS OF MCINTOSH, INCORPORATED

**Current Principal Place of Business:**

5570 AVE G  
MCINTOSH, FL 32664

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 436  
MCINTOSH, FL 32664 US

**New Mailing Address:**

FEI Number: 23-7376102      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SMITH, EUNICE M.  
5900 AVE G  
P.O. BOX 103  
MCINTOSH, FL 32664 US

**Name and Address of New Registered Agent:**

SMITH, EUNICE M.  
5900 AVE G  
MCINTOSH, FL 32664 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: \_\_\_\_\_

Electronic Signature of Registered Agent

01/13/2009

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VPD ( ) Delete  
Name: BROOKS, HUGH  
Address: PO BOX 108  
City-St-Zip: MC INTOSH, FL 32664

Title: TD ( ) Delete  
Name: DODDER, BEVERLY  
Address: P.O. BOX 481  
City-St-Zip: MCINTOSH, FL 32664

Title: D ( ) Delete  
Name: WINTERS, JIM  
Address: PO BOX 795  
City-St-Zip: MCINTOSH, FL 32664

Title: RSD ( ) Delete  
Name: CRAWFORD, JOYCE  
Address: PO BOX 376  
City-St-Zip: MCINTOSH, FL 32664

Title: D ( ) Delete  
Name: SMITH, EUNICE M  
Address: 5900 AVE G  
City-St-Zip: MC INTOSH, FL 32664

Title: PD ( ) Delete  
Name: STOTT, CHARLSIE  
Address: P O BOX 551  
City-St-Zip: MC INTOSH, FL 32664

**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: BEVERLY DODDER

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

TD

01/13/2009

\_\_\_\_\_  
Date