

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730278

FILED
Jan 28, 2009
Secretary of State

Entity Name: THE DEPRESSION GLASS CLUB OF NORTHEAST FLORIDA, INC.

Current Principal Place of Business:

11457 VC JOHNSON ROAD
JACKSONVILLE, FL 32218 US

New Principal Place of Business:

1725 ART MUSEUM DRIVE
JACKSONVILLE, FL 32207 US

Current Mailing Address:

11457 VC JOHNSON ROAD
JACKSONVILLE, FL 32218 US

New Mailing Address:

1725 ART MUSEUM DRIVE
JACKSONVILLE, FL 32207 US

FEI Number: 59-6559973

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURNETTE, PATRICIA A TD
11457 VC JOHNSON ROAD
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

HOLLEY, JR., JOEL R TD
1725 ART MUSEUM DRIVE
JACKSONVILLE, FL 32207 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: JOEL R. HOLLEY, JR.

01/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BAISDEN, WILLIAM
Address: 4318 BLUE HERON DR
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: TD () Delete
Name: BURNETTE, PATRICIA A TD
Address: 11457 VC JOHNSON RD
City-St-Zip: JACKSONVILLE, FL 32218

Title: VPD () Delete
Name: RUNNYEN, CAROLYN
Address: 4612 KARLA ST
City-St-Zip: JACKSONVILLE, FL 32205

Title: SD () Delete
Name: HOLLEY, C. SUE
Address: 1234 ARLINGWOOD AVE
City-St-Zip: JACKSONVILLE, FL 32211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HOLLEY, CAROLYN S PD
Address: 1725 ART MUSEUM DRIVE
City-St-Zip: JACKSONVILLE, FL 32207

Title: TD (X) Change () Addition
Name: HOLLEY, JR., JOEL R TD
Address: 1725 ART MUSEUM DRIVE
City-St-Zip: JACKSONVILLE, FL 32207

Title: VPD (X) Change () Addition
Name: LACOMB, LEE VPD
Address: 3012 WALTON STREET
City-St-Zip: JACKSONVILLE, FL 32207

Title: SD (X) Change () Addition
Name: ADAIR, BRENDA B SD
Address: 2947 ALONSO ROAD
City-St-Zip: JACKSONVILLE, FL 32216

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: CAROLYN S. HOLLEY

PD

01/28/2009

Electronic Signature of Signing Officer or Director

Date