

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731210

FILED
Apr 17, 2009
Secretary of State

Entity Name: THE DEFUNIAK SPRINGS BUSINESS AND PROFESSIONAL ASSOCIATION, INC.

Current Principal Place of Business:

P. O. BOX 219
DEFUNIAK SPRINGS, FL 32435

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 219
DEFUNIAK SPRINGS, FL 32435

New Mailing Address:

FEI Number: 23-7410704

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HULION, CARLA M
475 BLUE POND LANE
PONCE DE LEON, FL 32455 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: DT () Delete
Name: HULION, CARLA M
Address: 475 BLUE POND LANE
City-St-Zip: PONCE DE LEON, FL 32455

Title: VP () Delete
Name: FHODES, BRUCE
Address: 42 S 9TH ST
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: DS () Delete
Name: MORA, CAROLYN E
Address: 30 ANDERSON ST
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: DP () Delete
Name: COMANDER, SARA
Address: 261 SHADY CREEK DR
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: RHODES, BRUCE
Address: 42 S 9TH ST
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

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: SARA COMANDER

DP

04/17/2009

Electronic Signature of Signing Officer or Director

Date