

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731586

FILED  
Jan 20, 2009  
Secretary of State

Entity Name: AMELIA SOUTH, INC.

## Current Principal Place of Business:

3350 SOUTH FLETCHER AVENUE  
FERNANDINA BEACH, FL 32034

## New Principal Place of Business:

## Current Mailing Address:

3350 SOUTH FLETCHER AVENUE  
FERNANDINA BEACH, FL 32034

## New Mailing Address:

FEI Number: 59-1567295

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMITH, BRUCE  
3350 S. FLETCHER AVE # L2  
UNIT L-2  
FERNANDINA BCH, FL 32034 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: SMITH, BRUCE  
Address: 1545 GEDDES LN  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: DP ( ) Delete  
Name: TUCKER, JIM  
Address: 8619 VILLA SAN JOSE DR E  
City-St-Zip: JACKSONVILLE, FL 32217

Title: D ( ) Delete  
Name: CRIBBS, PAUL  
Address: 418 RIVER ST  
City-St-Zip: VALDOSTA, GA 31601

Title: DVP ( ) Delete  
Name: GLENN, MOORMAN  
Address: 2358 GEORGIA HIGHWAY 32 EAST  
City-St-Zip: WRAY, GA 31798

Title: D ( ) Delete  
Name: ALEXANDER, JOHN  
Address: 9031 STARPASS DRIVE  
City-St-Zip: JACKSONVILLE, FL 32256

Title: D/S ( ) Delete  
Name: RYALLS, LOANN  
Address: 1006 REDBUD RD  
City-St-Zip: MC RAE, GA 31055

## 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: BRUCE SMITH

TREA

01/20/2009

Electronic Signature of Signing Officer or Director

Date