

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739005

FILED
Apr 03, 2009
Secretary of State

Entity Name: FLORIDA FRONTIERSMEN, INC.

Current Principal Place of Business:

2106 BETTY ANN DRIVE
AUBURNDALE, FL 33823 US

New Principal Place of Business:

OLD FORT MEADE ROAD
HOMELAND, FL 33847 US

Current Mailing Address:

2106 BETTY ANN DRIVE
AUBURNDALE, FL 33823 US

New Mailing Address:

POST OFFICE BOX 653
HOMELAND, FL 33847 US

FEI Number: 59-2849758

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FULBRIGHT, GLYNDA
2106 BETTY ANN DRIVE
AUBURNDALE, FL 33823 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: PD () Delete
Name: ARROWOOD, ROGER
Address: POST OFFICE BOX 8287
City-St-Zip: SEMINOLE, FL 33775

Title: VPD () Delete
Name: GRAVES, CLAYTON
Address: 5845 ROSS CREEK RD
City-St-Zip: LAKELAND, FL 33810

Title: VPD () Delete
Name: HALL, JACK
Address: 3236 1ST RD
City-St-Zip: VERO BEACH, FL 32968

Title: TD () Delete
Name: BEARRY, DANA
Address: 9310 EVANS ROAD
City-St-Zip: POLK CITY, FL 33868

Title: SD () Delete
Name: ARROWOOD, KATY
Address: POST OFFICE BOX 8287
City-St-Zip: SEMINOLE, FL 33775

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: TAYLOR, ED
Address: POST OFFICE BOX 653
City-St-Zip: HOMELAND, FL 33847

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

Title: TD (X) Change () Addition
Name: FLETCHER, CASEY
Address: POST OFFICE BOX 653
City-St-Zip: HOMELAND, FL 33847

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: CASEY A. FLETCHER

TD

04/03/2009

Electronic Signature of Signing Officer or Director

Date