

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741023

FILED  
Jan 05, 2009  
Secretary of State

Entity Name: ALLYBY LODGE, INC.

## Current Principal Place of Business:

2872 KINGS RD.  
ST. AUGUSTINE, FL 32086 US

## New Principal Place of Business:

## Current Mailing Address:

2872 KINGS PL  
ST. AUGUSTINE, FL 32086 US

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

THOMAS B. WHITCOMB  
2872 KINGS RD.  
ST. AUGUSTINE, FL 32086 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: KLING, WILLIAM H., J, R  
Address: 9430 US 1 SOUTH  
City-St-Zip: ST AUGUSTINE, FL

Title: VD ( ) Delete  
Name: ROBINSON, MIKE,  
Address: 9460 US 1 SOUTH  
City-St-Zip: ST AUGUSTINE, FL

Title: D ( ) Delete  
Name: DEGRANDE, JOSEPH,  
Address: 405 LOBELIA ROAD  
City-St-Zip: ST AUGUSTINE, FL

Title: TD ( ) Delete  
Name: POIRIER, CAMILLE H,  
Address: 100 SR 206 WEST  
City-St-Zip: ST AUGUSTINE, FL

Title: SD ( ) Delete  
Name: WHITCOMB, THOMAS,  
Address: 2872 KINGS ROAD  
City-St-Zip: ST AUGUSTINE, FL

Title: D ( ) Delete  
Name: KLING, ROBERT,  
Address: P.O. BOX 4045 N/A  
City-St-Zip: ST AUGUSTINE, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition  
Name: DEGRANDE, PAT,  
Address: 405 LOBELIA ROAD  
City-St-Zip: ST AUGUSTINE, FL

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: THOMAS B. WHITCOMB

SD

01/05/2009

Electronic Signature of Signing Officer or Director

Date