

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742256

FILED
Mar 04, 2008
Secretary of State

Entity Name: CASA CALDERON, INC.

Current Principal Place of Business:

800 W. VIRGINIA STREET
800 W VIRGINIA ST
TALLAHASSEE, FL 32304

New Principal Place of Business:

800 W. VIRGINIA STREET
TALLAHASSEE, FL 32304

Current Mailing Address:

P. O. BOX 1212
TALLAHASSEE, FL 32302

New Mailing Address:

FEI Number: 59-2415825 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOELEMIJ, JOHN J
641 MCDONNELL DRIVE
TALLAHASSEE, FL 32310 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: CRAWFORD, C. SLADE
Address: PO BOX 2395
City-St-Zip: TALLAHASSEE, FL 32316

Title: VD () Delete
Name: HORKAN, THOMAS A
Address: 2344 LIMERICK DRIVE
City-St-Zip: TALLAHASSEE, FL

Title: D () Delete
Name: HADI, HERMI
Address: 1333 COLONIAL DR
City-St-Zip: TALLAHASSEE, FL

Title: D () Delete
Name: DEMETREE, GEORGE
Address: 370 ROB ROY TRAIL
City-St-Zip: TALLAHASSEE, FL 32312

Title: TD () Delete
Name: TRUMPS, JEFF
Address: 11 NORTH
City-St-Zip: PENSACOLA, FL 32522

Title: SD () Delete
Name: KUPISZEWSKI, PHYLLIS
Address: 3070 WHITE IBIS WAY
City-St-Zip: TALLAHASSEE, FL 32309

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: C. SLADE CRAWFORD

PRES

03/04/2008

Electronic Signature of Signing Officer or Director

Date