

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742256

FILED  
Mar 16, 2009  
Secretary of State

Entity Name: CASA CALDERON, INC.

## Current Principal Place of Business:

800 W. VIRGINIA STREET  
TALLAHASSEE, FL 32304

## New Principal Place of Business:

## 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: PD (X) Change ( ) Addition  
Name: KERR, WILLIAM  
Address: 3108 CANMORE PLACE  
City-St-Zip: TALLAHASSEE, FL 32303

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: TD (X) Change ( ) Addition  
Name: GODLEWSKI, JOHN  
Address: 11 NORTH  
City-St-Zip: PENSACOLA, FL 32522

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: KAREN KOELEMIJ

MGR

03/16/2009

Electronic Signature of Signing Officer or Director

Date