2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# 746145

Entity Name: FLORIDA STATE REENACTMENT SOCIETY INC.

Current Principal Place of Business:

2768 TRAMANTO ST
DELTONA, FL 32738

New Principal Place of Business:

Current Mailing Address:

2768 TRAMANTO ST
DELTONA, FL 32738

New Mailing Address:

FEI Number: 59-1939580 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEINHART, CAROL
2768 TRAMANTO ST
DELTONA, FL 32738 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:	P	( ) Delete
Name:	HENRY, EDWARD	
Address:	1247 ALCAZAR STREET	
City-St-Zip:	PALM BAY, FL 32809	
Title:	VT	( ) Delete
Name:	WEINHART, VERNON	
Address:	2768 TRAMANTO ST	
City-St-Zip:	DELTONA, FL 32738	
Title:	S	( ) Delete
Name:	JETT, JUDY	
Address:	2960 BAILEY AVENUE	
City-St-Zip:	SANFORD, FL 32773	
Title:	D	( ) Delete
Name:	SHOGREN, ANDY	
Address:	1011 CRESTVIEW LANE	
City-St-Zip:	CASSELBERRY, FL 32766	
Title:	D	( ) Delete
Name:	WEINHART, CAROL M	
Address:	2768 TRAMANTO STREET	
City-St-Zip:	DELTONA, FL 32738	
Title:	D	( ) Delete
Name:	BERGSTROM, GARY	
Address:	2702 BARROW DRIVE.	
City-St-Zip:	MERRITT ISLAND, FL 32952	

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:	D	(X) Change ( ) Addition
Name:	COBB, DANA	
Address:	2206-41ST STREET.	
City-St-Zip:	BRADENTON, FL 34205	

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: VERNON G. WEINHART VP/T 03/31/2009
Electronic Signature of Signing Officer or Director — Date