

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748017

FILED
Apr 01, 2009
Secretary of State

Entity Name: AZALEA TRACE, INC.

Current Principal Place of Business:

AZALEA TRACE INC
10100 HILLVIEW ROAD
PENSACOLA, FL 32514

New Principal Place of Business:

Current Mailing Address:

AZALEA TRACE INC
10100 HILLVIEW ROAD
PENSACOLA, FL 32514

New Mailing Address:

FEI Number: 59-1932549

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COXSON, CHARLES W III
7700 WEST CAMINO REAL BLVD
SUITE 300
BOCA RATON, FL 33433 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: DT () Delete
Name: DAVIS, DONALD
Address: 375 MORRIS RD
City-St-Zip: WEST POINT, PA 19486

Title: DP () Delete
Name: MASHNER, MARVIN
Address: 375 MORRIS RD
City-St-Zip: WEST POINT, PA 19486

Title: DS () Delete
Name: YONKER, TITUS W
Address: 375 MORRIS RD
City-St-Zip: WEST POINT, PA 19486

Title: DAT () Delete
Name: GRANT, GERALD T
Address: 375 MORRIS RD
City-St-Zip: WEST POINT, PA 19486

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:

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: MARVIN MASHNER

PRES

04/01/2009

Electronic Signature of Signing Officer or Director

Date