## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 748017** 

FILED Jan 04, 2012 Secretary of State

Date

Entity Name: AZALEA TRACE, INC.

Current Principal Place of Business: New Principal Place of Business:

AZALEA TRACE INC
10100 HILLVIEW ROAD
10100 HILLVIEW DRIVE
PENSACOLA, FL 32514
AZALEA TRACE INC
10100 HILLVIEW DRIVE
PENSACOLA, FL 32514

Current Mailing Address: New Mailing Address:

AZALEA TRACE INC
10100 HILLVIEW ROAD
10100 HILLVIEW DRIVE
PENSACOLA, FL 32514
AZALEA TRACE INC
10100 HILLVIEW DRIVE
PENSACOLA, FL 32514

FEI Number: 59-1932549 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COXSON, CHARLES W III
7700 WEST CAMINO REAL BLVD
SUITE 300
BOCA RATON, FL 33433 US
COXSON, CHARLES W III
7100 WEST CAMINO REAL BLVD
SUITE 408
BOCA RATON, FL 33433 US
BOCA RATON, FL 33433 US

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: 01/04/2012

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

 Name:
 DAVIS, DONALD L

 Address:
 375 MORRIS RD

 City-St-Zip:
 WEST POINT, PA 19486

Title: PRES

 Name:
 MASHNER, MARVIN

 Address:
 375 MORRIS RD

 City-St-Zip:
 WEST POINT, PA 19486

Title: DS

Name: GERNER, ELRIC C Address: 375 MORRIS RD City-St-Zip: WEST POINT, PA 19486

Title: DAT

 Name:
 GRANT, GERALD T

 Address:
 375 MORRIS RD

 City-St-Zip:
 WEST POINT, PA 19486

Title: VCHR

 Name:
 DUNN, THOMAS A

 Address:
 375 MORRIS ROAD

 City-St-Zip:
 WEST POINT, PA 19486

Title: DT

 Name:
 MOYER, MERRILL S

 Address:
 375 MORRIS ROAD

 City-St-Zip:
 WEST POINT, PA 19486

I hereby 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 all other like empowered.

SIGNATURE: MARVIN MASHNER PRES 01/04/2012