

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751925

FILED
Mar 09, 2009
Secretary of State

Entity Name: SARASOTA BROMELIAD SOCIETY, INC.

Current Principal Place of Business:

811 SOUTH PALM AVE.
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

647 LINDEN DR
ENGLEWOOD, FL 34223

New Mailing Address:

1209 BIG OAK LANE
SARASOTA, FL 34242

FEI Number: 59-2019517

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WORTHEN, DONALD C
647 LINDEN DR
ENGLEWOOD, FL 34223 US

Name and Address of New Registered Agent:

MCCRACKEN, MAUREEN TD.
1209 BIG OAK LANE
SARASOTA, FL 34242 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: MAUREEN MCCRACKEN

03/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: WORTHEN, DONALD C
Address: 647 LINDEN DR
City-St-Zip: ENGLEWOOD, FL 34223

Title: SD () Delete
Name: MAHRLE, JEAN
Address: 3300 BEHEUA RD #255
City-St-Zip: SARASOTA, FL 342324530

Title: VD () Delete
Name: BERT, TERRIE
Address: 9251 13TH AVE. CIRCLE NW
City-St-Zip: BRADENTON, FL 342098305

Title: PD () Delete
Name: JOHNSO, DAVID
Address: 6426 ADDINGTON PLACE
City-St-Zip: BRADENTON, FL 342012225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: MCCRACKEN, MAUREEN TD
Address: 1209 BIG OAK LANE
City-St-Zip: SARASOTA, FL 34242

Title: SD (X) Change () Addition
Name: EVANS, SHIRLEY SD
Address: 7066 HAWKINS RD
City-St-Zip: SARASOTA, FL 34241

Title: VD (X) Change () Addition
Name: GLOSSER, DAVID VD
Address: 6742 RICHARDSON RD
City-St-Zip: SARASOTA, FL 34240

Title: PD (X) Change () Addition
Name: JOHNSON, DAVID PD
Address: 6426 ADDINGTON PLACE
City-St-Zip: BRADENTON, FL 342012225

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: MAUREEN MCCRACKEN

TD

03/09/2009

Electronic Signature of Signing Officer or Director

Date