

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755293

FILED
Jan 09, 2009
Secretary of State

Entity Name: GOOD SAMS OF FLORIDA, INC.

Current Principal Place of Business:

601 PINEDALE CT
BRANDON, FL 33511

New Principal Place of Business:

7456 SOUTH FINALE POINT
HOMOSASSA, FL 34446 US

Current Mailing Address:

601 PINEDALE CT
BRANDON, FL 33511 US

New Mailing Address:

P. O. BOX 348
NOBLETON, FL 34661 US

FEI Number: 23-7242521

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAXWELL, WILLIAM
601 PINEDALE CT
BRANDON, FL 33511 US

Name and Address of New Registered Agent:

WARD, ROBERT
P. O. BOX 348
NOBLETON, FL 34661 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: ROBERT WARD

01/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: VOYTON, LINDA
Address: 7456 S FINALE PR
City-St-Zip: HOMOSASSA, FL 34446 US

Title: D () Delete
Name: KUEHLING, ROBERT
Address: 8015 LEMONWOOD DR. N.
City-St-Zip: ELLENTON, FL 34222 US

Title: S () Delete
Name: MURRAY, MARY
Address: 4436 HAMLIN WAY
City-St-Zip: WIMAUMA, FL 33598

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: VOYTON, LINDA
Address: 7456 S FINALE POINT
City-St-Zip: HOMOSASSA, FL 34446 US

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: ROBERT WARD

D

01/09/2009

Electronic Signature of Signing Officer or Director

Date