2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# 757857

Entity Name: SWANA - FLORIDA SUNSHINE CHAPTER, INC.

Current Principal Place of Business:

12328 LAKE VALLEY DR.
CLERMONT, FL 34711 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 121625
CLERMONT, FL 347121626 US

New Mailing Address:

FEI Number: 52-1445186 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZIEMAK, KATHRYN A ADMIN
12328 LAKE VALLEY DR.
CLERMONT, FL 34711 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: PD ( ) Delete
Name: LOTITO, RAY
Address: 3012 US HWY 301N
City-St-Zip: TAMPA, FL 33619

Title: VPD ( ) Delete
Name: RICHMOND, PHIL
Address: 7667 NORTHPOINTE DRIVE
City-St-Zip: PENSACOLA, FL 32524

Title: TD ( ) Delete
Name: DEANS, DAVID
Address: 482 SOUTH KELLER ROAD
City-St-Zip: ORLANDO, FL 32810

Title: SP ( ) Delete
Name: ZIEMAK, KATHRYN A
Address: 12328 LAKE VALLEY DR.
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change ( ) Addition
Name: KESSLER, MITCH
Address: 14620 N NEBRASKA AVE. BLDG D
City-St-Zip: TAMPA, FL 33629

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: KATHRYN ZIEMAK SP 03/25/2009

Electronic Signature of Signing Officer or Director — Date