

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763819

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: FLORIDA FOLKLORE SOCIETY, INC.

**Current Principal Place of Business:**

3826 SW 2ND AVENUE  
GAINESVILLE, FL 32607 US

**New Principal Place of Business:**

**Current Mailing Address:**

3826 SW 2ND AVENUE  
GAINESVILLE, FL 32607 US

**New Mailing Address:**

FEI Number: 59-2637296      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

UNDERBERG, NATALIE  
12461 RESEARCH PKWY.  
SUITE 500, ROOM 132  
ORLANDO, FL 32826 US

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

STONE, ROBERT L  
3826 SW 2ND AVENUE  
GAINESVILLE, FL 32607 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 L. STONE

04/14/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: STONE, ROBERT L  
Address: 3826 SW 2ND AVENUE  
City-St-Zip: GAINESVILLE, FL 32607 US

Title: D ( ) Delete  
Name: FALCON, LEONARDO  
Address: 5225 MAUI LANE  
City-St-Zip: ORLANDO, FL 32812 US

Title: S ( ) Delete  
Name: FORNEY, ADA  
Address: 1347 PALMWOOD  
City-St-Zip: MELBOURNE, FL 32935 US

Title: T ( ) Delete  
Name: BUCHANAN, KEN  
Address: 5940 206TH TERRACE  
City-St-Zip: LOXAHATCHEE, FL 33470 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D (X) Change ( ) Addition  
Name: BUCUVALAS, TINA  
Address: 115 ATHENS STREET  
City-St-Zip: TARPON SPRINGS, FL 34689 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 L. STONE

P

04/14/2009

Electronic Signature of Signing Officer or Director

Date