2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#764413

FILED May 19, 2009 Secretary of State

Entity Name: JACKSONVILLE, FLORIDA, BIG O CHAPTER OF THE SOCIETY FOR THE PRESERVATION AND

ENCOURAGEMENT OF BARBERSHOP QUARTET SINGING IN AMERICA, INC.

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

5358 WINROSE FALLS DR. JACKSONVILLE, FL 32258 US

Current Mailing Address: New Mailing Address:

5358 WINROSE FALLS DR. JACKSONVILLE, FL 32258 US

FEI Number: 59-1981228 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

SOBOLEWSKI, MICHAEL 5358 WINROSE FALLS DR. JACKSONVILLE, FL 32258 US

OFFICERS AND DIRECTORS:

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

Electronic eignature of registers

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 JOHNSON, JERRY
 Name:
 WALTON, TIM

 Address:
 5233 TREE WAY LANE S
 Address:
 3599 OLD SAWMILL CT.

 City-St-Zip:
 JACKSONVILLE, FL 32258
 City-St-Zip:
 ORANGE PARK, FL 32073

Title: TD () Delete Title: () Change () Addition

 Name:
 LENDVAY, RON
 Name:

 Address:
 6616 WHITE BLOSSOM CT.
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32258
 City-St-Zip:

Title: VD () Delete Title: () Change () Addition

 Name:
 SOBOLEWSKI, MICHAEL
 Name:

 Address:
 5358 WINROSE FALLS DR.
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32258
 City-St-Zip:

Title: VD () Delete Title: VD (X) Change () Addition

 Name:
 WALTON, TIM
 Name:
 RUSSELL, HOWDY

 Address:
 3599 OLD SAWMILL CT.
 Address:
 12259 STOCKBRIDGE CT.

 City-St-Zip:
 ORANGE PARK, FL 32073
 City-St-Zip:
 JACKSONVILLE, FL 32258

Title: VD () Delete Title: () Change () Addition

 Name:
 VOCKELL, BILL
 Name:

 Address:
 495 ROBERTS RD.
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32259
 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: MICHAEL SOBOLEWSKI VD 05/19/2009