2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 22, 2009
Secretary of State

DOCUMENT# 769717

Entity Name: COPPERHEAD CHARITIES, INC.

Current Principal Place of Business:

36750 US 19 N.
PALM HARBOR, FL 34684 US

New Principal Place of Business:

Current Mailing Address:

36750 US 19 N.
PALM HARBOR, FL 34684 US

New Mailing Address:

FEI Number: 59-2319162 **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:

LARSON, ROGER
915 CHESTNUT ST.
CLEARWATER, FL 33756 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:	GOODMAN, GERALD	
Address:	36750 US 19 NORTH	
City-St-Zip:	PALM HARBOR, FL 34684	
Title:	TD	( ) Delete
Name:	WHITE, ROBERT	
Address:	601 S HARBOUR ISLAND BLVD #200	
City-St-Zip:	TAMPA, FL 33602	
Title:	SD	( ) Delete
Name:	ROBBINS, DAVID	
Address:	100 N TAMPA STREET, #2700	
City-St-Zip:	TAMPA, FL 33602	
Title:	D	( ) Delete
Name:	BANKS, BOB	
Address:	516 LAKEVIEW ROAD - VILLA III	
City-St-Zip:	CLEARWATER, FL 33756	
Title:	D	( ) Delete
Name:	MURPHY, BRUCE	
Address:	13577 FEATHER SOUND DR #400	
City-St-Zip:	CLEARWATER, FL 33762	
Title:	D	( ) Delete
Name:	HUGHES, CHRIS	
Address:	26301 US 19 NORTH	
City-St-Zip:	CLEARWATER, FL 33761	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TD	(X) Change ( ) Addition
Name:	WHITE, ROBERT	
Address:	401 E. JACKSON STREET, #3400	
City-St-Zip:	TAMPA, FL 33602	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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: GERALD GOODMAN PD 06/22/2009

Electronic Signature of Signing Officer or Director — Date