

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769717

FILED
Apr 19, 2010
Secretary of State

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 ()**

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: PRES
Name: GOODMAN, GERALD
Address: 36750 US 19 NORTH
City-St-Zip: PALM HARBOR, FL 34684

Title: T/D
Name: WHITE, ROBERT
Address: 11201 CORPORATE CIRCLE NORTH, #120
City-St-Zip: ST. PETERSBURG, FL 33716

Title: S/D
Name: ROBBINS, DAVID
Address: 2210 PELHAM ROAD, N.
City-St-Zip: ST. PETERSBURG, FL 33710

Title: D/CH
Name: BANKS, BOB
Address: 516 LAKEVIEW ROAD - VILLA III
City-St-Zip: CLEARWATER, FL 33756

Title: D
Name: MURPHY, BRUCE
Address: 13577 FEATHER SOUND DR #400
City-St-Zip: CLEARWATER, FL 33762

Title: D
Name: HUGHES, CHRIS
Address: 26301 US 19 NORTH
City-St-Zip: CLEARWATER, FL 33761

I hereby 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 all other like empowered.

SIGNATURE: NORMA C. HESSELGRAVE

AS

04/19/2010

Electronic Signature of Signing Officer or Director

Date