

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# C93000000017

FILED  
Feb 16, 2009  
Secretary of State

**Entity Name:** MALTA ASSOCIATION OF PALATKA

**Current Principal Place of Business:**

3201 REID ST.  
PALATKA, FL 32177

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 218  
PALATKA, FL 32178

**New Mailing Address:**

**FEI Number:** 59-3192326

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DILLINGHAM, JOHN M  
482 W RIVER RD  
PALATKA, FL 32177 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: THOMPSON, WILLIAM C  
Address: 123 KINGFISH AVE  
City-St-Zip: PALATKA, FL 32177

Title: VPD ( ) Delete  
Name: PORTER, PEARL E  
Address: 7434 CRILL AVE  
City-St-Zip: PALATKA, FL 32177

Title: SD ( ) Delete  
Name: BERRY, MARY L  
Address: 2809 GOLF DR.  
City-St-Zip: PALATKA, FL 32177

Title: TD ( ) Delete  
Name: DILLINGHAM, JOHN M  
Address: 482 W. RIVER ROAD  
City-St-Zip: PALATKA, FL 32177

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

Title: PD (X) Change ( ) Addition  
Name: TAYLOR, GUY W  
Address: 107 DUNLAWTON AVE  
City-St-Zip: SAN MATEO, FL 32181

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: JOHN M DILLINGHAM

TD

02/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date