

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000313

FILED  
Apr 21, 2008  
Secretary of State

Entity Name: CHOICE BOOKS OF GULF STATES, INC.

## Current Principal Place of Business:

6115 OLD PASCAGOULA RD  
THEODORE, AL 36582

## New Principal Place of Business:

## Current Mailing Address:

6115 OLD PASCAGOULA RD  
THEODORE, AL 36582

## New Mailing Address:

FEI Number: 63-1182505      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NW FLORIDA DISTRICT, CHOICE BOOKS  
19320 SR20 WEST  
BLOUNTSTOWN, FL 32424 US

## Name and Address of New Registered Agent:

NW FLORIDA DISTRICT, CHOICE BOOKS  
16619 SW GASKIN STREET  
BLOUNTSTOWN, FL 32424 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:

04/21/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WENGERD, HOMER R  
Address: 2222 EAST VAUGHAN DRIVE  
City-St-Zip: MOBILE, AL 33605

Title: V ( ) Delete  
Name: SCHROCK, ARLIN O  
Address: 5500 QUAIL RUN WEST  
City-St-Zip: THEODORE, AL

Title: CD ( ) Delete  
Name: SCHROCK, DUANE  
Address: 8821 CO RD 34  
City-St-Zip: FAIRHOPE, AL 36532

Title: ST ( ) Delete  
Name: MILLER, DOT  
Address: 20590 MENNONITE ROAD  
City-St-Zip: GULFPORT, MS

Title: D ( ) Delete  
Name: WEBER, JASON  
Address: 1385 AIRPORT ROAD  
City-St-Zip: ATMORE, AL 36502

Title: D ( ) Delete  
Name: YODER, LEO  
Address: 2883 SARATOGA DRIVE  
City-St-Zip: BATON ROUGE, LA

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: HOMER WENGERD

EX D

04/21/2008

Electronic Signature of Signing Officer or Director

Date