

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000313

FILED
Mar 16, 2009
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 (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

NW FLORIDA DISTRICT, CHOICE BOOKS
18946 STATE RD 71 N
LOT 41
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: _____

03/16/2009

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: P (X) Change () Addition
Name: BURKHOLDER, HAROLD
Address: 8769 COUNTY RD 34
City-St-Zip: FAIRHOPE, AL 36532

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

ACCT

03/16/2009

Electronic Signature of Signing Officer or Director

Date