

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004057

FILED  
Feb 26, 2009  
Secretary of State

Entity Name: FOR SOCIETY, INC.

## Current Principal Place of Business:

312 E VENICE AVE STE 210  
VENICE, FL 34285

## New Principal Place of Business:

## Current Mailing Address:

1151 BOWES RD STE B  
LOWEL, MI 49331

## New Mailing Address:

14100 SPRUCE FOREST DR  
LOWEL, MI 49331

FEI Number: 39-1828837

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

REINDERS, HERBERT  
312 E VENICE AVE STE 210  
VENICE, FL 34285 US

## Name and Address of New Registered Agent:

FOWLER, BARBARA  
312 E VENICE AVE STE 210  
VENICE, FL 34285 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: BARBARA FOWLER

02/26/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: CP ( ) Delete  
Name: REINDERS, HERBERT  
Address: 103 CAPTAIN KIDD CIRCLE N  
City-St-Zip: NOKOMIS, FL 34275

Title: VCVP ( ) Delete  
Name: REINDERS, BETTY J  
Address: 103 CAPTAIN KIDD CIRCLE N  
City-St-Zip: NOKOMIS, FL 34275

Title: D ( ) Delete  
Name: PRIESSNITZ, YVONNE  
Address: 7451 BLACKHAWK DR  
City-St-Zip: RACINE, WI 53402

## 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:

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: HERBERT REINDERS

CP

02/26/2009

Electronic Signature of Signing Officer or Director

Date