

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# G31496

FILED
Sep 08, 2009
Secretary of State

Entity Name: ALLIANCE ENTERPRISES OF THE NATURE COAST, INC.

Current Principal Place of Business:

5455 SPRING HILL DRIVE
SPRING HILL, FL 34606

New Principal Place of Business:

Current Mailing Address:

5455 SPRING HILL DRIVE
SPRING HILL, FL 34606

New Mailing Address:

FEI Number: 59-2332453

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEARSON-ADAMS, MARILYN
5455 SPRING HILL DRIVE
SPRING HILL, FL 34606 US

Name and Address of New Registered Agent:

PEARSON-ADAMS, MARILYN
5455 SPRING HILL DRIVE
SPRING HILL, FL 34606 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: MARILYN PEARSON-ADAMS

09/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PEARSON-ADAMS, MARILYN
Address: 5455 SPRING HILL DRIVE
City-St-Zip: SPRING HILL, FL 34606

Title: VPD () Delete
Name: ORENDORF, SHERRI
Address: 5455 SPRING HILL DRIVE
City-St-Zip: SPRING HILL, FL 34606

Title: VPD () Delete
Name: VANDEGRIFT, DENNISE L
Address: 5455 SPRING HILL DRIVE
City-St-Zip: SPRING HILL, FL 34606

Title: D () Delete
Name: TIMMONS, HARRY
Address: 9456 WALLIEN DR.
City-St-Zip: BROOKSVILLE, FL 34601

Title: ST () Delete
Name: MCMANAWAY, GAIL
Address: 5455 SPRING HILL DRIVE
City-St-Zip: SPRING HILL, FL 34606

Title: VPD () Delete
Name: ROITHMEIER, JULIE
Address: 5455 SPRING HILL DRIVE
City-St-Zip: SPRING HILL, FL 34606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SCHRAUT, GARY E
Address: 5455 SPRING HILL DRIVE
City-St-Zip: SPRING HILL, FL 34606

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARILYN PEARSON-ADAMS

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09/08/2009

Electronic Signature of Signing Officer or Director

Date