2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# N00000006739

Entity Name: DELAND ST JOHNS RIVER CHRISTMAS BOAT PARADE, INC.

Current Principal Place of Business:

425 E LANDSDOWNE AVE
ORANGE CITY, FL 327634903

New Principal Place of Business:

Current Mailing Address:

425 E LANDSDOWNE AVE
ORANGE CITY, FL 327634903

New Mailing Address:

FEI Number: 59-3697160 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOYWOOD, ROGER
425 E LANDSDOWNE AVE
ORANGE CITY, FL 327634903 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:	PRD	( ) Delete
Name:	WOYWOOD, ROGER A	
Address:	425 E.LANSDOWNE AV	
City-St-Zip:	ORANGE CITY, FL 32763	
Title:	VPD	( ) Delete
Name:	SCHOPPERT, CINDY	
Address:	3501 CORA; AV	
City-St-Zip:	DELAND, FL 32720	
Title:	SD	( ) Delete
Name:	MOORE, DIANE	
Address:	2280 HONTOON RD	
City-St-Zip:	DELAND, FL 32720	
Title:	TD	( ) Delete
Name:	WOYWOOD, PATTY	
Address:	425 E.LANSDOWNE AV	
City-St-Zip:	ORANGE CITY, FL 32763	
Title:	D	( ) Delete
Name:	MAYES, MICHAEL	
Address:	2309 HONTOON RD	
City-St-Zip:	DELAND, FL 32720	
Title:	D	( ) Delete
Name:	ADAMS, SAUNDRA	
Address:	429 E LANSDOWNE AV	
City-St-Zip:	ORANGE CITY, FL 32763	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SD	(X) Change ( ) Addition
Name:	SCALLAN, PAMELA	
Address:	1603 LAKESIDE DR	
City-St-Zip:	DELAND, FL 32720	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	WILLIAMSON, LOIS	
Address:	268 W CONSTANCE RD	
City-St-Zip:	DEBARY, FL 32713	

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: ROGER A WOYWOOD PRD 04/23/2009

Electronic Signature of Signing Officer or Director — Date