# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 21, 2009**
**Secretary of State**

DOCUMENT# N00000007018

**Entity Name:** BOSTWICK PRESERVATION, INC.

**Current Principal Place of Business:**

PO BOX 489, 280 PALMETTO BLUFF ROAD
BOSTWICK, FL 32007

**New Principal Place of Business:**

280 PALMETTO BLUFF ROAD
BOSTWICK, FL 32007

**Current Mailing Address:**

PO BOX 489, 280 PALMETTO BLUFF ROAD
BOSTWICK, FL 32007

**New Mailing Address:**

280 PALMETTO BLUFF ROAD
BOSTWICK, FL 32007

**FEI Number: 59-3681408** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REINEY, C.W.
280 PALMETTO BLUFF ROAD
PALATKA, FL 32177 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: | DVPT | ( ) Delete |
| Name: | WILKINSON, CLAUDIA | |
| Address: | PO BOX 519, 155 CAZZIE DRIVE | |
| City-St-Zip: | BOSTWICK, FL 32007 | |
| Title: | DP | ( ) Delete |
| Name: | REINEY, C.W | |
| Address: | 280 PALMETTO BLUFF ROAD | |
| City-St-Zip: | PALATKA, FL 32177 | |
| Title: | D | ( ) Delete |
| Name: | WILKINSON, CHARLIE | |
| Address: | PO BOX 519, 155 CAZZIE DR. | |
| City-St-Zip: | BOSTWICK, FL 32007 | |
| Title: | D | ( ) Delete |
| Name: | HARTWIG, ANNE M | |
| Address: | PO BOX 68 | |
| City-St-Zip: | BOSTWICK, FL 32007 | |
| Title: | DVP | ( ) Delete |
| Name: | HARTWIG, ROBERT L | |
| Address: | PO BOX 68 | |
| City-St-Zip: | BOSTWICK, FL 32007 | |
| Title: | DS | ( ) Delete |
| Name: | REINEY, BETSY H | |
| Address: | 280 PALMETTO BLUFF ROAD | |
| City-St-Zip: | PALATKA, FL 32177 | |

**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: C.W.REINEY MR 01/21/2009

Electronic Signature of Signing Officer or Director — Date