

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007476

Entity Name: S.O.O.D.A., INC.

FILED
Jul 10, 2009
Secretary of State

Current Principal Place of Business:

160 BAHIA VIA
FORT MYERS BEACH, FL 33931

New Principal Place of Business:

Current Mailing Address:

160 BAHIA VIA
FORT MYERS BEACH, FL 33931

New Mailing Address:

FEI Number: 65-1057971 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DEVINCENT, PAT
160 BAHIA VIA
FT. MYERS BEACH, FL 33931 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: DPT () Delete
Name: DEVINCENT, PAT
Address: 160 BAHIA VIA
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: D () Delete
Name: DEVINCENT, MARY
Address: 160 BAHIA VIA
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: DV () Delete
Name: JENKINS, DAVE
Address: 1131 22ND AVENUE N.
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: TAYLOR, PENNY
Address: 995 13TH STREET N.
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: DEVINCENT, PAT P
Address: 160 BAHIA VIA
City-St-Zip: FORT MYERS BEACH, FL 33931

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

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City-St-Zip: () Change () Addition

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: PAT DEVINCENT

P

07/10/2009

Electronic Signature of Signing Officer or Director

Date