

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007746

FILED
Mar 06, 2008
Secretary of State

Entity Name: FLORIDA NORML, INC.

Current Principal Place of Business:

703 NORTH MAIN STREET
SUITE A
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

703 NORTH MAIN STREET
SUITE A
GAINESVILLE, FL 32601

New Mailing Address:

FEI Number: 59-3750773

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MELDON, JEFFREY L
703 NORTH MAIN STREET
SUITE A
GAINESVILLE, FL 32601 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: PD () Delete
Name: DONLEY, KURT
Address: 309 OVERBROOK ST. W.
City-St-Zip: BELLEAIR BLUFFS, FL 33770

Title: VD () Delete
Name: BOWES, CORINNE
Address: 4 HEATHER TRACE DRIVE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: SD () Delete
Name: CORLEY, KEVIN R
Address: 109 FIRST AVE., SE
City-St-Zip: LUTZ, FL 33549

Title: TD () Delete
Name: DZUIK, LEIGH ANN
Address: 109 FIRST AVE., SE
City-St-Zip: LUTZ, FL 33549

Title: D () Delete
Name: PHELPS, MICHAEL
Address: 897 NW 84TH LANE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D () Delete
Name: WOOLEVER, BETTY JO
Address: 832 SECOND AVE., NW
City-St-Zip: LARGO, FL 33770

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: JEFFREY L. MELDON

RA

03/06/2008

Electronic Signature of Signing Officer or Director

Date