

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007854

FILED
Jun 10, 2009
Secretary of State

Entity Name: NED BROOKS/HOLMES FAMILY REUNION, INC.

Current Principal Place of Business:

532 DR. MARY MCLEOD BETHUNE BLVD.
SUITE D
DAYTONA BCH, FL 32114

New Principal Place of Business:

Current Mailing Address:

532 DR. MARY MCLEOD BETHUNE BLVD.
DAYTONA BCH, FL 32114

New Mailing Address:

FEI Number: 59-3758405 **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:

Name and Address of New Registered Agent:

COVINGTON AND ASSOCIATES, INC.
532 DR. MARY MCLEOD BETHUNE BLVD.
DAYTONA BCH, FL 32114 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PDC () Delete
Name: WHEELER, DONALD
Address: 715 NE 21ST STREET
City-St-Zip: GAINESVILLE, FL 32641

Title: VD () Delete
Name: WILLIAMS, PRISCILLA
Address: 4558 SE 142ND TERR
City-St-Zip: STARKE, FL 32091

Title: SD () Delete
Name: GOLDWIRE, IDA
Address: 15512 NW 141ST STREET
City-St-Zip: ALACHUA, FL 32616

Title: TD () Delete
Name: BELFORD, CHARON
Address: 13445 BELLEWOOD AVE
City-St-Zip: SEMINOLE, FL 33776

Title: D () Delete
Name: COVINGTON, SYLVESTER
Address: 532 DR. MARY MCLEOD BETHUNE BLVD
City-St-Zip: DAYTONA BCH, FL 32114

Title: D () Delete
Name: BROOKS, HOWARD
Address: 4306 SOUTH LAKE ORLANDO PKWY
City-St-Zip: ORLANDO, FL 32808

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: DONALD L WHEELER

PDC

06/10/2009

Electronic Signature of Signing Officer or Director

Date