

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008772

FILED
Jan 25, 2009
Secretary of State

Entity Name: ORDER OF CONFEDERATE ROSE, FLORIDA SOCIETY CORP.

Current Principal Place of Business:

8433 HOSFORD HWY
QUINCY, FL 32351

New Principal Place of Business:

Current Mailing Address:

8433 HOSFORD HWY
QUINCY, FL 32351

New Mailing Address:

FEI Number: 20-2415064

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DARBY, SYLVIA
8433 HOSFORD HWY
QUINCY, FL 32351 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: DARBY, SYLVIA
Address: 8433 HOSFORD HWY
City-St-Zip: QUINCY, FL 32351

Title: TD () Delete
Name: GRISSETT, ANN
Address: 19200 BLOUNTSTOWN HWY
City-St-Zip: TALLAHASSEE, FL 32310

Title: SD () Delete
Name: DURDEN, EDNA
Address: 3031 EUSTIS GUNTER ROAD
City-St-Zip: PERRY, FL 32348

Title: VPD () Delete
Name: CROSS, LAINE
Address: 529 LAWSON ROAD
City-St-Zip: PIERSON, FL 32180

Title: VP (X) Delete
Name: CREEL, PAIGE
Address: 120 GLOVER LANE
City-St-Zip: HAVANA, FL 32333

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: VP (X) Change () Addition
Name: CREEL, PAIGE
Address: 120 GLOVER LANE
City-St-Zip: HAVANA, FL 32333

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: SYLVIA DARBY

PD

01/25/2009

Electronic Signature of Signing Officer or Director

Date