

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004397

Entity Name: FUNCTIONABILITY, INC.

FILED
Feb 11, 2009
Secretary of State

Current Principal Place of Business:

4870 SOUTHWIND DRIVE
MULBERRY, FL 33860

New Principal Place of Business:

Current Mailing Address:

4870 SOUTHWIND DRIVE
MULBERRY, FL 33860

New Mailing Address:

FEI Number: 03-0469878

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEYLING, KIMBERLY
4870 SOUTHWIND DRIVE
MULBERRY, FL 33860 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: P () Delete
Name: MEYLING, FRED H
Address: 4870 SOUTHWIND DRIVE
City-St-Zip: MULBERRY, FL 33860

Title: D () Delete
Name: GARRISON, TRAVIS
Address: 1101 SE 4TH STREET
City-St-Zip: MULBERRY, FL 33860

Title: TS () Delete
Name: MEYLING, KIMBERLY
Address: 4870 SOUTHWIND DRIVE
City-St-Zip: MULBERRY, FL 33860

Title: D () Delete
Name: OLDS, DENNIS
Address: 6881 SHINNING DRIVE
City-St-Zip: LAKE LAND, FL 33813

Title: D () Delete
Name: CLARK, RICHARD
Address: 4117 BUTTONBUSH CIR
City-St-Zip: LAKE LAND, FL 33811

Title: D () Delete
Name: WELCH, MIKE
Address: 1140 MCLEOD ST W
City-St-Zip: BARTOW, FL 33830

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: D (X) Change () Addition
Name: CLARK, DIANNE
Address: 4117 BUTTONBUSH CIR
City-St-Zip: LAKE LAND, FL 33811

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: KIMBERLY MEYLING

TS

02/11/2009

Electronic Signature of Signing Officer or Director

Date