## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000006642

Entity Name: REBA SUTTON WHITE CHAPEL, INC.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1190 GEORGIA AVE PALM HARBOR, FL 34683

Current Mailing Address: New Mailing Address:

1190 GEORGIA AVE PALM HARBOR, FL 34683

FEI Number: 35-2186491 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PRIEST, SHEILA 1000 OMAHA STREET PALM HARBOR, FL 34683 US

**OFFICERS AND DIRECTORS:** 

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:

City-St-Zip:

Electronic Signature of Registered Agent Date

City-St-Zip:

## 0

PALM HARBOR, FL 34683

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: ( ) Change ( ) Addition

Name: MONTELARO, JAN Name: Address: 120 PENNSYLVANIA AVE. Address:

Title: S () Delete Title: () Change () Addition

 Name:
 WAZELLE, JAY
 Name:

 Address:
 2295 TUSCANY TRACE #21
 Address:

 City-St-Zip:
 PALM HARBOR, FL 34683
 City-St-Zip:

Title: TD ( ) Delete Title: TD (X) Change ( ) Addition

Name: PRIEST, SHÈILA Name: MICHAEL, LANDI

Address: 1000 OMAHA STREET Address: 687 ALDERMAN RD., UNIT 223
City-St-Zip: PALM HARBOR, FL 34683
City-St-Zip: PALM HARBOR, FL 34683

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 KLEIN, LESLEY
 Name:

 Address:
 1219 FLORIDA AVE
 Address:

 City-St-Zip:
 PALM HARBOR, FL 34683
 City-St-Zip:

Title: VP ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 GALLANT, BILL
 Name:

 Address:
 1003 FLORIDA AVENUE
 Address:

 City-St-Zip:
 PALM HARBOR, FL 34683
 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: MICHAEL LANDI TD 04/30/2009