2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006835

Entity Name: FOX LAKE FARMS, INC.

FILED Mar 14, 2009 Secretary of State

Current Principal Place of Business: 3773 FOX LAKE RD TITUSVILLE, FL 327964023 Current Mailing Address: 3773 FOX LAKE RD				New Principal Place of Business: New Mailing Address:			
TITUSVILLE, FL 327964023							
FEI Number:	22-3868137	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate of Statu	us Desired (X)
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
CFRA, LLC 4221 W BOY SCOUT BLVD 10TH FL TAMPA, FL 33607 US				THOMAS H. TUKDRAIAN 100 EAST ROBINSON STREET. ORLANDO,, FL 32781 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: THOMAS H. TUKDRAIAN				03/14/2009			
Electronic Signature of Registered Agent				Date			
OFFICERS AND DIRECTORS:				ADDITION	S/CHANGES	TO OFFICERS A	AND DIRECTORS:
Title: Name: Address: City-St-Zip:	D () MOYE, GLORIA 3773 FOX LAKE TITUSVILLE, FL	RD		Title: Name: Address: City-St-Zip:	()	Change () Addition	1
Title: Name: Address: City-St-Zip:	D () MOYE, JAMES E 3773 FOX LAKE TITUSVILLE, FL	RD		Title: Name: Address: City-St-Zip:	()	Change () Addition	1
Title: Name: Address: City-St-Zip:	D () WINSLOW, JEA 3773 FOX LAKE TITUSVILLE, FL	RD		Title: Name: Address: City-St-Zip:	D (X) WINSLOW, JEA 4750 WINCHES TITUSVILLE, FL	TER DRIVE	1
Title: Name: Address: City-St-Zip:	D () CHAPMAN, JILL 971 WILD PINE MIMS, FL 3275			Title: Name: Address: City-St-Zip:	()	Change () Addition	1
Title: Name: Address: City-St-Zip:	D () TYLER, JUDY G 3773 FOX LAKE TITUSVILLE, FL	RD		Title: Name: Address: City-St-Zip:	D (X) TYLER, JUDY G 4750 WINCHES TITUSVILLE, FL	TER DRIVE	1
Title: Name: Address: City-St-Zip:	D () MOYE, JAMES I 3773 FOX LAKE TITUSVILLE, FL	RD		Title: Name: Address: City-St-Zip:	()	Change () Addition	1

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: GLORIA J. MOYE. D 03/14/2009