

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008046

FILED
Mar 21, 2009
Secretary of State

Entity Name: SUCCESS BUILDERS, INCORPORATED

Current Principal Place of Business:

1400 DUNN AVENUE
SUITE 13
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

1440 - 13 DUNN AVENUE
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: 04-3717876

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROKEMOND, LOLA C
1440 - 13 DUNN AVENUE
JACKSONVILLE, FL 32218 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: OD () Delete
Name: BROKEMOND, LOLA C
Address: 1440 - 13 DUNN AVENUE
City-St-Zip: JACKSONVILLE, FL 32218

Title: T () Delete
Name: HARDAWAY, ROSE
Address: 12565 ANGEL LAKE DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

Title: S () Delete
Name: WILEY, YVONNE
Address: 7027 QUEEN OF HEARTS
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: MOORE, GENEVA C
Address: 224 HIGHLAND AVENUE
City-St-Zip: MADISON, WI 53705

Title: D () Delete
Name: CHAREESE, HARDAWAY
Address: 5838 CREEKVIEW COURT WEST APT B
City-St-Zip: PORTAGE, IN 46368

Title: D () Delete
Name: PORTER, KATHRYN
Address: 1750 LAUDER STREET
City-St-Zip: JACKSONVILLE, FL 32208

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: LOLA C. BROKEMOND

OD

03/21/2009

Electronic Signature of Signing Officer or Director

Date