

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003033

FILED
Apr 20, 2009
Secretary of State

Entity Name: WALDO ASSOCIATION OF RESIDENTS AND MERCHANTS, INC.

Current Principal Place of Business:

13958 NE 140TH LANE
WALDO, FL 32694

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 185
WALDO, FL 32694

New Mailing Address:

FEI Number: 14-1896997

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOWELL, SARAH B
13958 NE 140TH LANE
WALDO, FL 32694 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: DP () Delete
Name: WISE, LINDA
Address: BOX 201 U
City-St-Zip: WALDO, FL 32694

Title: DS () Delete
Name: BAY, THELMA
Address: 18101 NE US 301
City-St-Zip: WALDO, FL 32694

Title: DT () Delete
Name: DUBOIS, JAMES J
Address: P.O. BOX 186
City-St-Zip: WALDO, FL 32694

Title: DV () Delete
Name: CROWE, RUTH
Address: P.O. BOX 17
City-St-Zip: WALDO, FL 32694

Title: D () Delete
Name: BLAKEWOOD, STEVE
Address: 17805 US HWY 301
City-St-Zip: WALDO, FL 32694

Title: D () Delete
Name: DODD, PENNY
Address: P.O. BOX 459
City-St-Zip: WALDO, FL 32694

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
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Address:
City-St-Zip:

Title: () Change () Addition
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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: JAMES J. DUBOIS

DT

04/20/2009

Electronic Signature of Signing Officer or Director

Date