

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005059

FILED
Feb 03, 2009
Secretary of State

Entity Name: MCLA SPRING HILL UNIT, INC

Current Principal Place of Business:

8405 SUNSHINE GROVE RD
BROOKSVILLE, FL 34613 US

New Principal Place of Business:

Current Mailing Address:

8405 SUNSHINE GROVE RD
BROOKSVILLE, FL 34613 US

New Mailing Address:

FEI Number: 38-3683092 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, BARBARA J
8405 SUNSHINE GROVE RD
BROOKSVILLE, FL 34613 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: MRS () Delete
Name: SMITH, BARBARA J
Address: 8405 SUNSHINE GROVE RD
City-St-Zip: BROOKSVILLE, FL 34613 US

Title: SV () Delete
Name: MOORE, SANDY
Address: 8405 SUNSHINE GROVE RD
City-St-Zip: BROOKSVILLE, FL 34613 US

Title: JV () Delete
Name: JENSEN, LORRAINE
Address: 8405 SUNSHINE GROVE RD
City-St-Zip: BROOKSVILLE, FL 34613 US

Title: T () Delete
Name: ROSS, DOROTHY
Address: 8405 SUNSHINE GROVE RD
City-St-Zip: BROOKSVILLE, FL 34613 US

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: T (X) Change () Addition
Name: ROSS, DOROTHY
Address: 8405 SUNSHINE GROVE RD
City-St-Zip: BROOKSVILLE, FL 34613 US

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: BARBARA J. SMITH

MRS.

02/03/2009

Electronic Signature of Signing Officer or Director

Date