

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007444

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: OPERATION SHOEBOX USA INC.

## Current Principal Place of Business:

7140 EAST HIGHWAY 25  
BELLEVIEW, FL 34420

## New Principal Place of Business:

8360 E HIGHWAY 25  
BELLEVIEW, FL 34420

## Current Mailing Address:

7140 EAST HIGHWAY 25  
BELLEVIEW, FL 34420

## New Mailing Address:

8360 E HIGHWAY 25  
BELLEVIEW, FL 34420

FEI Number: 05-0563342

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

HARPER, MARY  
7140 EAST HIGHWAY 25  
BELLEVIEW, FL 34420 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: PD ( ) Delete  
Name: HARPER, MARY  
Address: 7140 EAST HIGHWAY 25  
City-St-Zip: BELLEVIEW, FL 34420

Title: VD ( ) Delete  
Name: DECHRISTOFARO, SANDY  
Address: 920 CAMINO DEL REY DR  
City-St-Zip: THE VILLAGES, FL 32159

Title: T ( ) Delete  
Name: WILKINS, JEAN  
Address: 911 CAMINO DEL REY DR  
City-St-Zip: THE VILLAGES, FL 32159

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## 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: BM ( ) Change (X) Addition  
Name: FURLONG, JERRY L  
Address: 4211 SW 55TH CIR  
City-St-Zip: OCALA, FL 34474

Title: BM ( ) Change (X) Addition  
Name: RAINBOW, BONNIE  
Address: PO BOX 1104  
City-St-Zip: BELLEVIEW, FL 34421

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: MARY HARPER

PD

01/16/2009

Electronic Signature of Signing Officer or Director

Date