

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000007707**

1. Entity Name  
**VERNON AREA MERCHANTS ASSOCIATION, INC.**



Principal Place of Business

**3348 HWY 79  
VERNON, FL 32462**

Mailing Address

**P O BOX 54  
VERNON, FL 32462**

**DO NOT WRITE IN THIS SPACE**



04232008 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**41-2093738**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**BIDDLE, LESTER B JR  
3348 HWY 79  
VERNON, FL 32462**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution: ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	BIDDLE, LESTER B JR
STREET ADDRESS	P O BOX 506
CITY - ST - ZIP	VERNON, FL 32462
TITLE	V
NAME	WARD, OSCAR
STREET ADDRESS	P.O. BOX 367
CITY - ST - ZIP	VERNON, FL 32462
TITLE	S
NAME	WAGONER, PATSY
STREET ADDRESS	3302 MAIN ST
CITY - ST - ZIP	VERNON, FL 32462
TITLE	T
NAME	DOBBINS, PEGGY
STREET ADDRESS	P O BOX 238
CITY - ST - ZIP	VERNON, FL 32462
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4/23/08**

Date

**850 535 9463**

Daytime Phone #