

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007816

FILED  
May 21, 2008  
Secretary of State

**Entity Name:** TWO FEATHER'S CORPORATION, INC.

**Current Principal Place of Business:**

3095 NORTHRIDE LANE  
BONIFAY, FL 32425

**New Principal Place of Business:**

**Current Mailing Address:**

3095 NORTHRIDE LANE  
BONIFAY, FL 32425

**New Mailing Address:**

FEI Number: 20-0216519      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MACMASTER, SALLY BETH PHD  
3095 NORTHRIDE LANE  
BONIFAY, FL 32425      US

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: P      ( ) Delete  
Name: MACMASTER, SALLY BETH PHD  
Address: 3095 NORTHRIDE LANE  
City-St-Zip: BONIFAY, FL 32425

Title: VP      ( ) Delete  
Name: GATES, BETHEL A  
Address: 3045 SOUTH WAUKESHA STREET  
City-St-Zip: BONIFAY, FL 32425

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: SALLY BETH MACMASTER PHD

P

05/21/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date