

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007970

FILED  
Feb 19, 2009  
Secretary of State

Entity Name: STACEY POOLE INC.

## Current Principal Place of Business:

10367 MCLAURIN RD. EAST  
JACKSONVILLE, FL 32256

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 40112  
JACKSONVILLE, FL 32203

## New Mailing Address:

FEI Number: 55-0844027

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

POOLE, STACEY L SR.  
10367 MCLAURIN RD. EAST  
JACKSONVILLE, FL 32256 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: P ( ) Delete  
Name: DIAMOND-POOLE, SHELLEY D  
Address: 26 WEST 7TH STREET  
City-St-Zip: JACKSONVILLE, FL 32206

Title: S ( ) Delete  
Name: DIAMOND, DEBORAH R  
Address: 610 ARDEISA RD  
City-St-Zip: JACKSONVILLE, FL 32209

Title: VP ( ) Delete  
Name: VANN, TONY  
Address: 943 ASHTON COVE TERRACE  
City-St-Zip: JACKSONVILLE, FL 32218

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: DIAMOND-POOLE, SHELLEY D  
Address: 26 WEST 7TH STREET  
City-St-Zip: JACKSONVILLE, FL 32206 US

Title: S (X) Change ( ) Addition  
Name: DIAMOND, DEBORAH R  
Address: 610 ARDEISA RD  
City-St-Zip: JACKSONVILLE, FL 32209 US

Title: VP (X) Change ( ) Addition  
Name: VANN, TONY  
Address: 943 ASHTON COVE TERRACE  
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: T ( ) Change (X) Addition  
Name: POOLE, STACEY L SR  
Address: 10367 MC LAURIN RD E  
City-St-Zip: JACKSONVILLE, FL 32256 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: STACEY L. POOLE, SR.

T

02/19/2009

Electronic Signature of Signing Officer or Director

Date