

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009305

FILED
Apr 14, 2008
Secretary of State

Entity Name: FLORIDA GOURD SOCIETY, INC.

Current Principal Place of Business:

424 VAN REED MANOR DR.
BRANDON, FL 33511

New Principal Place of Business:

Current Mailing Address:

424 VAN REED MANOR DR.
BRANDON, FL 33511

New Mailing Address:

FEI Number: 30-0211382

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

OWEN, TONIA
424 VAN REED MANOR DR.
BRANDON, FL 33511 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: OWEN, TONIA
Address: 424 VAN REED MANOR DR.
City-St-Zip: BRANDON, FL 33511

Title: VD () Delete
Name: SMALLEY, RONDA
Address: 2374 FLOYD ST
City-St-Zip: SARASOTA, FL 34239

Title: TD () Delete
Name: REICH, ANN
Address: 3513 VIA ATHNEA
City-St-Zip: FT. MEYERS, FL 33017

Title: D () Delete
Name: PASSERELL, LIZ
Address: 13740 FOXGROVER STREET
City-St-Zip: WINTER GARDEN, FL 34787

Title: D () Delete
Name: WORRELL, CONNIE
Address: 6404 MORNAY DR.
City-St-Zip: TAMPA, FL 36615

Title: SD () Delete
Name: TOWNSEND, KATHERINE
Address: 7959 HAMPTON PARK BLVD.E
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: SHORT, LARAINÉ
Address: 275 RANCH RD.
City-St-Zip: PONTE VEDRA, FL 32082

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: () 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: TONIA OWEN

PD

04/14/2008

Electronic Signature of Signing Officer or Director

Date