

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000027

FILED
Feb 16, 2009
Secretary of State

Entity Name: SAPIHA, INC.

Current Principal Place of Business:

946 PRITCHARD ISLAND RD
INVERNESS, FL 34450

New Principal Place of Business:

Current Mailing Address:

946 PRITCHARD ISLAND RD
INVERNESS, FL 34450

New Mailing Address:

FEI Number: 13-4292263

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRUBMAN, AL
946 PRITCHARD ISLAND RD
INVERNESS, FL 34450 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: DP () Delete
Name: GRUBMAN, AL
Address: 946 PRITCHARD ISLAND RD
City-St-Zip: INVERNESS, FL 34450

Title: DV () Delete
Name: SIEFERT, JOHN
Address: 1032 PRITCHARD ISLAND RD
City-St-Zip: INVERNESS, FL 34450

Title: DT () Delete
Name: GUMBEL, SAM
Address: 9420 E SOUTHGATE DRIVE
City-St-Zip: INVERNESS, FL 34450

Title: DS () Delete
Name: EVENSON, SUE
Address: 964 PRITCHARD ISLAND RD
City-St-Zip: INVERNESS, FL 34450

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: () 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: SUE EVENSON

DS

02/16/2009

Electronic Signature of Signing Officer or Director

Date