

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001490

FILED
Feb 08, 2008
Secretary of State

Entity Name: COUNTRY HILLS NORTH/SOUTH, INC.

Current Principal Place of Business:

315 SOUTH CALHOUN STREET
SUITE 600
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

315 SOUTH CALHOUN STREET
SUITE 600
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 55-0885709

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ERVIN, JR., JAMES M
315 SOUTH CALHOUN STREET
SUITE 600
TALLAHASSEE, FL 32301 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: ERVIN, JR., JAMES M
Address: 315 SOUTH CALHOUN STREET, SUITE 600
City-St-Zip: TALLAHASSEE, FL 32301

Title: SD () Delete
Name: SPARKMAN, PAULA
Address: 8559 YASHUNTAFUN ROAD
City-St-Zip: TALLAHASSEE, FL 32311

Title: T () Delete
Name: KINSEY, W. B
Address: 1902 RHONDA ROAD
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: VIED, MICHAEL
Address: 515 COUNTRY HILL ROAD
City-St-Zip: MONTICELLO, FL 32344

Title: D () Delete
Name: DUGGER, GERALD
Address: 1946 REGISTER ROAD
City-St-Zip: TALLAHASSEE, FL 32305

Title: D () Delete
Name: RAKER, OVERTON
Address: 10969 GAMBLE ROAD
City-St-Zip: MONTICELLO, FL 32344

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: SPARKMAN, PAULA
Address: 540 COUNTRY HILL ROAD
City-St-Zip: MONTICELLO, FL 32344

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: JAMES M. ERVIN JR.

PRES

02/08/2008

Electronic Signature of Signing Officer or Director

Date