

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001596

FILED
Jan 19, 2009
Secretary of State

Entity Name: SOUTHERN KOI ASSOCIATION, INC.

Current Principal Place of Business:

9735 NW 27TH PL
GAINESVILLE, FL 326065181

New Principal Place of Business:

5550 FORT DENAUD ROAD
FORT DENAUD, FL 33935

Current Mailing Address:

9735 NW 27TH PL
GAINESVILLE, FL 326065181

New Mailing Address:

P. O. BOX 2232
LABELLE, FL 33975

FEI Number: 92-0180770

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HELLARD, DON
9735 NW 27TH PL
GAINESVILLE, FL 326065181 US

Name and Address of New Registered Agent:

PORTER, LUANNE
5550 FORT DENAUD ROAD
FORT DENAUD, FL 33935 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: LUANNE PORTER

01/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HELLARD, DON
Address: 9735 NW 27TH PL
City-St-Zip: GAINESVILLE, FL 326065181

Title: D () Delete
Name: WHITE, JOE
Address: 819 HEWITT DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: D () Delete
Name: CULPEPPER, HENRY C
Address: 2054 KENSINGTON RUN DR
City-St-Zip: ORLANDO, FL 32828

Title: D () Delete
Name: LAWTON, RODNEY G
Address: 137 WOODHAVEN DR
City-St-Zip: KINGSLAND, GA 31548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PORTER, LUANNE
Address: 5550 FORT DENAUD ROAD
City-St-Zip: FORT DENAUD, FL 33935

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

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

Title: D (X) Change () Addition
Name: HARDCASTLE, KAREN
Address: 1994 NE 185TH STREET
City-St-Zip: STARKE, FL 32091

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: LUANNE PORTER

D

01/19/2009

Electronic Signature of Signing Officer or Director

Date