

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 27, 2009
Secretary of State**

DOCUMENT# N04000001741

Entity Name: PINE ISLAND AGRICULTURE & LANDOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

7321 HOWARD ROAD
BOKEELIA, FL 33922

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 559
BOKEELIA, FL 33922

New Mailing Address:

FEI Number: 90-0150163 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WRIGHT, WILLIAM E
3481 HIBISCUS DR
FORT MYERS, FL 33901 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: D () Delete
Name: CAMMICK, JOHN
Address: P.O. BOX 456
City-St-Zip: MATLACHA, FL 339930456

Title: D () Delete
Name: GLENNON, BREESE
Address: P.O. BOX 559
City-St-Zip: BOKEELIA, FL 33922

Title: D () Delete
Name: WRIGHT, BILL
Address: P.O. BOX 1572
City-St-Zip: FORT MYERS, FL 33902

Title: D () Delete
Name: SMITH, DON
Address: 7321 HOWARD ROAD
City-St-Zip: BOKEELIA, FL 33922

Title: D () Delete
Name: TOBIN, JAMES
Address: P O BOX 494
City-St-Zip: BOKEELIA, FL 33922

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:

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: BREESE GLENNON

D

01/27/2009

Electronic Signature of Signing Officer or Director

Date