2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004575

FILED Jul 18, 2007 Secretary of State

Entity Name: ST. GEORGE ISLAND MERCHANTS ASSOCIATION INC

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 963 37 EAST PINE STREET EASTPOINT, FL 32328 EASTPOINT, FL 32328

Current Mailing Address: New Mailing Address:

P.O. BOX 963

City-St-Zip:

EASTPOINT, FL 32328

FEI Number: 20-1059538 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

THORNBURG, RICK

49 WEST PINE AVENUE

BACHER, CHARLOTTE
37 EAST PINE STREET

ST GEORGE ISLAND, FL 32328 US ST GEORGE ISLAND, FL 32328 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: CHARLOTTE BACHER 07/18/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition

itle: P () Delete Title: P (X) Change () Addition

Name: THORNBURG, RICK Name: BACHER, CHARLOTTE
Address: 49 WEST PINE AVENUE Address: 37 EAST PINE STREET

City-St-Zip: ST GEORGE ISLAND, FL 32328 City-St-Zip: ST GEORGE ISLAND, FL 32328

Title: V () Delete Title: V (X) Change () Addition Name: BLACKBURN, BILLY Name: POSTON, LARRY

Address: 164 N. BAYSHORE DRIVE Address: 548 EAST PINE STREET
City-St-Zip: EASTPOINT, FL 32328 City-St-Zip: ST GEORGE ISLAND, FL 32328

Title: S () Delete Title: T (X) Change () Addition

Name: WOOD, CHEREE Name: DAVIS, KIM

Address: 200 FRANKLIN BOULEVARD Address: 312 PATTON STREET
City-St-Zip: ST GEORGE ISLAND, FL 32328 City-St-Zip: ST GEORGE ISLAND, FL 32328

 Title:
 T
 (X) Delete
 Title:

 Name:
 MCCAULEY, EVA
 Name:

 Address:
 132 E. PINE AVENUE
 Address:

ST GEORGE ISLAND, FL 32328

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.

City-St-Zip:

SIGNATURE: KIM DAVIS TRES 07/18/2007