

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009356

FILED
Apr 27, 2009
Secretary of State

Entity Name: FLORIDIANS FOR INDUSTRY, JOBS AND GROWTH, INC.

Current Principal Place of Business:

6700 S FLORIDA AVE #25
LAKELAND, FL 33813 US

New Principal Place of Business:

Current Mailing Address:

6700 S FLORIDA AVE., STE 25
LAKELAND, FL 33813 US

New Mailing Address:

FEI Number: 20-1731811

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARRISH, JAMES W
6700 S. FLORIDA AVE #25
LAKELAND, FL 33813 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: CLYNE, JEFF
Address: POST OFFICE BOX 6765
City-St-Zip: LAKELAND, FL 338076765

Title: D () Delete
Name: DEES, ED
Address: POST OFFICE BOX 6765
City-St-Zip: LAKELAND, FL 338076765

Title: STD () Delete
Name: PARRISH, WADE
Address: 6700 SOUTH FLORIDA AVE., #20
City-St-Zip: LAKELAND, FL 33813

Title: D () Delete
Name: WHITSON, JUDI
Address: POST OFFICE BOX 6765
City-St-Zip: LAKELAND, FL 338076765

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: JEFF CLYNE

PD

04/27/2009

Electronic Signature of Signing Officer or Director

Date