

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010916

FILED
Mar 26, 2007
Secretary of State

Entity Name: SOUTHERN PASSAGES: THE ATLANTIC HERITAGE COAST, INC.

Current Principal Place of Business:

719 SOUTH WOODLAND BLVD., MS 4-501
DELAND, FL 32720

New Principal Place of Business:

Current Mailing Address:

719 SOUTH WOODLAND BLVD., MS 4-501
DELAND, FL 32720

New Mailing Address:

FEI Number: 84-1650632

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BALOGH, GARRY
719 SOUTH WOODLAND BLVD., MS 4-501
DELAND, FL 32720 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: MARTIN, VERNON
Address: POB 1917
City-St-Zip: BRUNSWICK, GA 31521

Title: TD () Delete
Name: BALOGH, GARRY
Address: 719 SOUTH WOODLAND BLVD., MS 4-501
City-St-Zip: DELAND, FL 32720

Title: VD () Delete
Name: WRIGHT, BERNIE
Address: 1215 PERRY DR.
City-St-Zip: ORANGEBURG, SC 29116

Title: SD () Delete
Name: BASS, JAN
Address: 85 RICHARD R DAVIS DR
City-St-Zip: RICHMOND HILL, GA 31324

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 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: GARRY A. BALOGH

TD

03/26/2007

Electronic Signature of Signing Officer or Director

Date