2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2009
Secretary of State

DOCUMENT# N05000001995

Entity Name: WAKULLA BUSINESS CENTER PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3295 CRAWFORDVILLE HWY
SUITE 8A
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

3295 CRAWFORDVILLE HWY - STE 8
CRAWFORDVILLE, FL 32327

New Mailing Address:

3295 CRAWFORDVILLE HWY - SUITE 8A
CRAWFORDVILLE, FL 32327

FEI Number: 56-2541403 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WAKULLA BUSINESS CENTER POA
3295 CRAWFORDVILLE HWY
SUITE 8
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

WAKULLA BUSINESS CENTER POA
3295 CRAWFORDVILLE HWY
SUITE 8A
CRAWFORDVILLE, FL 32327 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: _____ 02/04/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MOOSHIE, JOHN
Address: 3295 CRAWFORDVILLE HWY - STE 8
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: VPD ( ) Delete
Name: JARRETT, JAMES
Address: 3025 NATHAN LN
City-St-Zip: TALLAHASSEE, FL 32308

Title: STD (X) Delete
Name: WALLACE, RON
Address: 3025 NATHAN LN
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MOOSHIE, JOHN
Address: 3295 CRAWFORDVILLE HWY - STE 8A
City-St-Zip: CRAWFORDVILLE, FL 32327

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: JOHN MOOSHIE P 02/04/2009
Electronic Signature of Signing Officer or Director — Date