2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003208

FILED Feb 25, 2009 Secretary of State

Entity Name: FRIENDS OF ALLIGATOR LAKE, INC. **Current Principal Place of Business: New Principal Place of Business:** 229 SE OLD MANSE GLENN LAKE CITY, FL 32025 **Current Mailing Address: New Mailing Address:** 229 SE OLD MANSE GLENN LAKE CITY, FL 32025 FEI Number: 30-0328034 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MONTGOMERY, JAMES 229 SE OLD MANSE GLENN LAKE CITY, FL 32025 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MONTGOMERY, JAMES Name: Name: Address: 229 SE OLD MANSE GLENN Address: City-St-Zip: LAKE CITY, FL 32025 City-St-Zip: Title: () Delete Title: () Change () Addition Name: PORTER, ELIZABETH Name: Address: 252 SW AURORA WAY Address: City-St-Zip: LAKE CITY, FL 32025 City-St-Zip: Title: () Delete Title: () Change () Addition MCDUFFIE, SUZANNE Name: Name: 755 NW CLUBVIEW CIR Address: Address: City-St-Zip: LAKE CITY, FL 32055 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: JAMES MONTGOMERY MR. 02/25/2009