

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004099

FILED
Apr 21, 2009
Secretary of State

Entity Name: MOSQUITO LAGOON PADDLERS, INC.

Current Principal Place of Business:

123 N RIVERSIDE DR
EDGEWATER, FL 32132

New Principal Place of Business:

57 SLEEPY HOLLOW TRAIL
PALM COAST, FL 32164

Current Mailing Address:

PO BOX 441
EDGEWATER, FL 32132

New Mailing Address:

57 SLEEPY HOLLOW TRAIL
PALM COAST, FL 32164

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRAMER, HELEN
123 N RIVERSIDE DR
PO BOX 441
EDGEWATER, FL 32132 US

Name and Address of New Registered Agent:

MCKENZIE, ANNE C
57 SLEEPY HOLLOW TRAIL
PALM COAST, FL 32164 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: ANNE C. MCKENZIE

04/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MOHSENIN, MARIAM
Address: 9291 TELFER RUN
City-St-Zip: ORLANDO, FL 32817

Title: VPD () Delete
Name: KNAPTON, KEN
Address: 6990 BISMARCK RD
City-St-Zip: COCOA, FL 32927

Title: SD () Delete
Name: KIRCHBERGER, JANET
Address: 2400 LAKE WATERFORD BLVD
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: TD () Delete
Name: KRAMER, HELEN
Address: PO BOX 414
City-St-Zip: EDGEWATER, FL 32132

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LOVINSKY, RIC
Address: PO BOX 2147
City-St-Zip: SOUTH DAYTONA, FL 32121

Title: VPD (X) Change () Addition
Name: WEAVER, DAVE
Address: 167 HIBISCUS ROAD
City-St-Zip: EDGEWATER, FL 32141

Title: SD (X) Change () Addition
Name: SULLIVAN, MARILYN
Address: 115 9TH STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: TD (X) Change () Addition
Name: MCKENZIE, ANNE C
Address: 57 SLEEPY HOLLOW TRAIL
City-St-Zip: PALM COAST, FL 32164

Title: VPD () Change (X) Addition
Name: ARNOLD, ANN
Address: 1709 QUEEN PALM
City-St-Zip: EDGEWATER, FL 32132

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: ANNE C MCKENZIE

TD

04/21/2009

Electronic Signature of Signing Officer or Director

Date