## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000005497

Entity Name: THE DISCIPLES GROUP, INC.

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Frincipal Flace Of Business.	New Fillicipal Flace Of Dusiliess.

PO BOX 10686 1003 W. CLARK STREET TALLAHASSEE, FL 32302 QUINCY, FL 32351

Current Mailing Address: New Mailing Address:

PO BOX 10686

TALLAHASSEE, FL 32302

FEI Number: 55-0897372 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:

GRAHAM, LLOYD PO BOX
1904 MICCOSUKEE RD UNIT 6
TALLAHASSEE, FL 32308 US
GRAHAM, LLOYD PO BOX
1003 W. CLARK ST.
QUINCY, FL 32351 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: 04/30/2008

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete Title: P/D (X) Change ( ) Addition

 Name:
 GRAHAM, LLOYD
 Name:
 GRAHAM, LLOYD

 Address:
 1904 MICCOSUKEE RD. UNIT. 6
 Address:
 P.O. BOX 10686

City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip: TALLAHASSEE, FL 32302

Title: S/D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 WATSON, ESTER
 Name:

 Address:
 910 DODGWOOD DR
 Address:

 City-St-Zip:
 QUINCY, FL 32352
 City-St-Zip:

Title: T/D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 DEAS, JR, TITUS B
 Name:

 Address:
 225 QUAIL ROST DR
 Address:

 City-St-Zip:
 QUINCY, FL 32352
 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: LLOYD GRAHAM P/D 04/30/2008