2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008
Secretary of State

DOCUMENT# N05000005507

Entity Name: USS EDISTO ASSOCIATION, INC.

Current Principal Place of Business:

4155 ARLINGTON AVENUE
MIMS, FL 327545028

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 747
MIMS, FL 327540747

New Mailing Address:

FEI Number: 47-0944863 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, GLENN D
4155 ARLINGTON AVENUE
MIMIS, FL 327545028 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: DIR ( ) Delete
Name: SMITH, GLENN D
Address: 4155 ARLINGTON AVE.
City-St-Zip: MIMS, FL 327540747

Title: P ( ) Delete
Name: PAULK, VIRGIL
Address: 4413 ST. GEORGE DR.
City-St-Zip: OKLAHOMA CITY, OK 73120

Title: S ( ) Delete
Name: GALLANT, WILLIAM
Address: 55 HOWE ST
City-St-Zip: METHUEN, MA 018443239

Title: T ( ) Delete
Name: JENSEN, JAMES M
Address: N 4792 HOMESTEAD RD
City-St-Zip: HAWKINS, WI 54530 95

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change ( ) Addition
Name: SMITH, GLENN D
Address: 4155 ARLINGTON AVE.
City-St-Zip: MIMS, FL 327540747 US

Title: P (X) Change ( ) Addition
Name: PAULK, VIRGIL
Address: 4413 ST. GEORGE DR.
City-St-Zip: OKLAHOMA CITY, OK 731208333 US

Title: S (X) Change ( ) Addition
Name: GALLANT, WILLIAM
Address: 55 HOWE ST
City-St-Zip: METHUEN, MA 018443239 US

Title: T (X) Change ( ) Addition
Name: JENSEN, JAMES M
Address: N 4792 HOMESTEAD RD
City-St-Zip: HAWKINS, WI 54530 US

Title: VP ( ) Change (X) Addition
Name: DOWNS, GERALD L
Address: 8096 119TH ST.
City-St-Zip: BLUEGRASS, IA 527269360 US

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: GLENN D. SMITH DIR 04/09/2008

Electronic Signature of Signing Officer or Director — Date