## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000005507

Entity Name: USS EDISTO ASSOCIATION, INC.

FILED Feb 15, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4155 ARLINGTON AVENUE MIMS, FL 327545028 **Current Mailing Address: New Mailing Address:** P.O. BOX 747 MIMS, FL 327540747 FEI Number: 47-0944863 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: SMITH, GLENN D SMITH, GLENN D 4155 ARLINGTON AVENUE 4155 ARLINGTON AVENUE MIMIS, FL 327545028 US MIMS, FL 327545028 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: 02/15/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DIR () Change () Addition () Delete SMITH, GLENN D Name: Name: Address: 4155 ARLINGTON AVE. Address: City-St-Zip: MIMS, FL 327540747 US City-St-Zip: Title: Title: ( ) Delete () Change () Addition PAULK, VIRGIL Name: Name: Address: 4413 ST. GEORGE DR. Address: City-St-Zip: OKLAHOMA CITY, OK 731208333 US City-St-Zip: Title: () Delete Title: () Change () Addition GALLANT, WILLIAM Name: Name: Address: 55 HOWE ST Address: City-St-Zip: METHUEN, MA 018443239 US City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: JENSEN, JAMES M Name: N 4792 HOMESTEAD RD Address: Address: City-St-Zip: HAWKINS, WI 54530 US City-St-Zip: Title: Title: () Delete () Change () Addition DOWNS, GERALD L Name: Name: 8096 119TH ST. Address: Address: BLUEGRASS, IA 527269360 US City-St-Zip: 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: GLENN D. SMITH DIR 02/15/2009