

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006074

FILED
Apr 30, 2009
Secretary of State

Entity Name: REGION 12 MARGARET SHUEY EDUCATIONAL TRUST FUND, INC.

Current Principal Place of Business:

2075 HAAS ROAD
APOPKA, FL 32704

New Principal Place of Business:

2075 HAAS ROAD
APOPKA, FL 32704 US

Current Mailing Address:

2075 HAAS ROAD
APOPKA, FL 32704

New Mailing Address:

2075 HAAS ROAD
APOPKA, FL 32704 US

FEI Number: 22-3915753

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION COMPANY OF ORLANDO
300 S. ORANGE AVE., STE. 1000 (SXR)
ORLANDO, FL 328013373 US

Name and Address of New Registered Agent:

WOLFE, ERIC L
300 S. ORANGE AVE., STE. 1000 (SXR)
ORLANDO, FL 328013373 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: ERIC WOLFE

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WOLFE, ERIC
Address: P.O. BOX 1223
City-St-Zip: APOPKA, FL 32704

Title: D () Delete
Name: BUTLER, CECEL A.
Address: 440 DEVIN DR.
City-St-Zip: WHITE OAK, NC 28399

Title: D () Delete
Name: GALOVIC, FRANK
Address: 8714 HOLLOW SPRINGS RD.
City-St-Zip: BRADEYVILLE, TN 37026

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WOLFE, ERIC L
Address: P.O. BOX 1223
City-St-Zip: APOPKA, FL 32704 US

Title: D (X) Change () Addition
Name: BUTLER, CECIL A
Address: 440 DEVIN DR.
City-St-Zip: WHITE OAK, NC 28399

Title: TRES (X) Change () Addition
Name: GALOVIC, FRANK T
Address: 8714 HOLLOW SPRINGS RD.
City-St-Zip: BRADEYVILLE, TN 37026

Title: SD () Change (X) Addition
Name: MACK, DENNI K
Address: 855 GILBERT RD.
City-St-Zip: MONTICELLO, GA 31064

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: FRANK GALOVIC

TRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date