

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001110

FILED
Mar 16, 2009
Secretary of State

Entity Name: ANCIENT CITY ROMANCE AUTHORS, INC.

Current Principal Place of Business:

2924 OWL COURT
GREEN COVE SPRINGS, FL 32043

New Principal Place of Business:

15610 TISON ROAD
JACKSONVILLE, FL 32218

Current Mailing Address:

2924 OWL COURT
GREEN COVE SPRINGS, FL 32043

New Mailing Address:

15610 TISON ROAD
JACKSONVILLE, FL 32218

FEI Number: 20-4056079

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: P () Delete
Name: CLARK, CHERYL
Address: PO BOX 847
City-St-Zip: WELLBORN, FL 32094

Title: S () Delete
Name: GREENBAUM, TARA
Address: 13824 SPANISH POINT DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

Title: T () Delete
Name: GREENLAND, SHANNON
Address: 4225 A1A SOUTH
City-St-Zip: SAINT AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PETERS, JUDITH L
Address: 21190 72ND PLACE
City-St-Zip: LIVE OAK, FL 32063

Title: S (X) Change () Addition
Name: WILSON, DOLORES J
Address: 15610 TISON ROAD
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: T (X) Change () Addition
Name: WILSON, DOLORES J
Address: 15610 TISON ROAD
City-St-Zip: JACKSONVILLE, FL 32218

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: DOLORES J. WILSON

S/T

03/16/2009

Electronic Signature of Signing Officer or Director

Date