

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001274

FILED
Feb 18, 2009
Secretary of State

Entity Name: PASSAGE2DIGNITY PROGRAMS AND SERVICES, INC.

Current Principal Place of Business:

1304 WEST 16TH STREET
SANFORD, FL 32771 US

New Principal Place of Business:

1550 S FRENCH AVENUE
SANFORD, FL 32771 US

Current Mailing Address:

P.O. BOX 1231
SANFORD, FL 32772 US

New Mailing Address:

FEI Number: 20-4074127 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BARNES JR., GEORGE
1304 WEST 16TH STREET
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

BARNES JR., GEORGE
5413 FERROL DRIVE
WINTER PARK, FL 32792 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:

02/18/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: BARNES, CAMILLA
Address: 1304 WEST 16TH STREET
City-St-Zip: SANFORD, FL 32771 US

Title: CFO () Delete
Name: BARNES, JR., GEORGE
Address: 1304 WEST 16TH STREET
City-St-Zip: SANFORD, FL 32771 US

Title: SEC () Delete
Name: WALKER, SARAH
Address: P. O. BOX 617423
City-St-Zip: SANFORD, FL 32771 US

Title: TRES () Delete
Name: INNOCENT, PRINCESS
Address: P. O. BOX 1231
City-St-Zip: SANFORD, FL 32772 US

Title: MEM () Delete
Name: WELLS, ALICIA
Address: P. O. BOX 1334
City-St-Zip: SANFORD, FL 32772 US

Title: MEM () Delete
Name: JONES, THOMAS
Address: P. O. BOX 1231
City-St-Zip: SANFORD, FL 32772 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: BARNES, CAMILLA
Address: P. O. BOX 1231
City-St-Zip: SANFORD, FL 32772 US

Title: CFO (X) Change () Addition
Name: BARNES, JR., GEORGE
Address: 5413 FERROW DRIVE
City-St-Zip: WINTER PARK, FL 32792 US

Title: SEC (X) Change () Addition
Name: THOMAS, JONES
Address: P. O. BOX 1231
City-St-Zip: SANFORD, FL 32771 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MEM (X) Change () Addition
Name: WHATLEY, PATRICIA
Address: 782 HERTIAGE LAKE DR
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: PATRICIA WHATLEY

MEM

02/18/2009

Electronic Signature of Signing Officer or Director

Date