

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003737

FILED
Mar 04, 2009
Secretary of State

Entity Name: MILES FOR MOFFITT, INC.

Current Principal Place of Business:

505 SOUTH RIVERHILLS DRIVE
TEMPLE TERRACE, FL 33617

New Principal Place of Business:

Current Mailing Address:

505 SOUTH RIVERHILLS DRIVE
TEMPLE TERRACE, FL 33617

New Mailing Address:

FEI Number: 06-1782588

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FAREWELL, TAMMY
870 QUAIL RUN
LABELLE, FL 33935 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: KAREN, DALTON
Address: 505 S RIVERHILLS DR
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: V () Delete
Name: RICH, MCCREA
Address: 201 E KENNEDY BLVD, STE 800
City-St-Zip: TAMPA, FL

Title: T () Delete
Name: TAMMY, FAREWELL
Address: 870 QUAIL RUN
City-St-Zip: LABELLE, FL 33935

Title: S () Delete
Name: SARITA, CHARLTON
Address: 16011 IVY LAKE DR
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: DEBBIE, PETERSON
Address: 17901 SPARROWS NEST DRIVE
City-St-Zip: LUTZ, FL 33558

Title: () Change () Addition
Name:
Address:
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: DEBBIE PETERSON

T

03/04/2009

Electronic Signature of Signing Officer or Director

Date