

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004464

FILED  
Apr 28, 2008  
Secretary of State

**Entity Name:** SILVER LAKE PROTECTIVE ASSOCIATION, INCORPORATED

**Current Principal Place of Business:**

470 SILVER LAKE NORTH  
MARIANNA, FL 32448

**New Principal Place of Business:**

**Current Mailing Address:**

255 JOSHUA RD  
MARIANNA, FL 32448

**New Mailing Address:**

**FEI Number:** 34-2064146

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THOMPSON, RUSSELL N  
470 SILVER LAKE NORTH  
MARIANNA, FL 32448 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: D ( ) Delete  
Name: THOMPSON, RUSSELL N PRES  
Address: 470 SILVER LAKE NORTH  
City-St-Zip: MARIANNA, FL 32448

Title: D ( ) Delete  
Name: SCHOLLIAN, BEVERLY A SEC  
Address: 255 JOSHUA ROAD  
City-St-Zip: MARIANNA, FL 32448

Title: D ( ) Delete  
Name: ROBERTS, JOHN E LAWYER  
Address: 3011 WATSON DRIVE  
City-St-Zip: MARIANNA, FL 32446

Title: O ( ) Delete  
Name: DUTTON, DENISE S V-PRES  
Address: 3511 MOORE RD  
City-St-Zip: MARIANNA, FL 32448

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: DENISE DUTTON

O

04/28/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date