2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004464

FILED Apr 23, 2009 Secretary of State

Entity Name: SILVER LAKE PROTECTIVE ASSOCIATION, INCORPORATED

Current Principal Place of Business: New Principal Place of Business: 470 SILVER LAKE NORTH MARIANNA, FL 32448 **Current Mailing Address: New Mailing Address:** 255 JOSHUA RD MARIANNA, FL 32448 FEI Number: 34-2064146 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: THOMPSON, RUSSELL N 470 SILVER LAKE NORTH MARIANNA, FL 32448 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete THOMPSON, RUSSELL N PRES SCHOLLIAN, BEVERLY A PRES Name: Name: 470 SILVER LAKE NORTH Address: 255 JOSHUA ROAD Address: MARIANNA, FL 32448 City-St-Zip: City-St-Zip: MARIANNA, FL 32448 Title: () Delete Title: (X) Change () Addition Name: SCHOLLIAN, BEVERLY A SEC Name: DUTTON, DENISE S V-PRES Address: 255 JOSHUA ROAD Address: 3511 MOORE RD City-St-Zip: MARIANNA, FL 32448 City-St-Zip: MARIANNA, FL 32448 Title: () Delete Title: () Change () Addition ROBERTS, JOHN E LAWYER Name: Name: 3011 WATSON DRIVE Address: Address: City-St-Zip: MARIANNA, FL 32446 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: DUTTON, DENISE S V-PRES Name: LEATHEM, DEN SEC 3511 MOORE RD 507 CONCORD RD Address: Address: City-St-Zip: MARIANNA, FL 32448 City-St-Zip: TALLAHASSEE, FL 32308 Title: () Delete Title: () Change (X) Addition THOMPSON, ELAINE TRES Name: Name: 470 SILVER LAKE NORTH Address: Address: City-St-Zip: City-St-Zip: MARIANNA, FL 32448

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 04/23/2009