

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004772

FILED
Apr 26, 2009
Secretary of State

Entity Name: THE VILLAGE OF THE DESCENDANTS INC.

Current Principal Place of Business:

400 SHADVILLE ROAD
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

400 SHADVILLE ROAD
CRAWFORDVILLE, FL 32327

New Mailing Address:

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

Name and Address of Current Registered Agent:

THOMPSON, MICHELE T
46 SANDERS CEMETERY ROAD
SOPCHOPPY, FL 32358 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: ROBISON, ROBERT C I
Address: 400 SHADEVILLE ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: VP () Delete
Name: ALLEN, KENNETH
Address: 18 PACE STREET
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: S () Delete
Name: THOMPSON, MICHELE
Address: 46 SANDERS CEMETERY RD
City-St-Zip: SOPCHOPPY, FL 32358

Title: T () Delete
Name: HENDERSON, GWEN J
Address: 11804 EVERGREEN ST
City-St-Zip: FOUNTAIN, FL 32438

Title: D () Delete
Name: ROBISON, CECIL
Address: P.O. BOX 203
City-St-Zip: PANACEA, FL 32346

Title: D () Delete
Name: ROBINSON, MARY
Address: 400 SHADEVILLE RD
City-St-Zip: CRAWFORDVILLE, FL 32327

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
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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: MICHELE T THOMPSON

S

04/26/2009

Electronic Signature of Signing Officer or Director

Date