2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005120

Entity Name: BANYAN TREE PROJECT, INC

FILED May 01, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1735 DR. MARTIN LUTHER KING JR. STREET SO. SUITE 120 ST. PETERSBURG, FL 33705 **New Mailing Address: Current Mailing Address:** 1735 DR. M.L.KING ST. SO 1735 DR. MARTIN LUTHER KING JR. STREET SO. SUITE 120 SUITE 120 ST. PETERSBURG, FL 33705 ST. PETERSBURG, FL 33705 FEI Number: 20-4865866 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DEVINE, J. CARL DEVINE, J. CARL 334 SIXTH AVE. NO 2106 WÁLTON ST. SO. ST. PETERSBURG, FL 33701 US US ST. PETERSBURG, FL 33712 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: 05/01/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ALLEN, R. RAPHAEL Name: Name: 1016 SEVENTH STREET EAST Address: Address: City-St-Zip: BRADENTON, FL 34208 City-St-Zip: Title: () Delete Title: () Change () Addition NELSON, BRENDA Name: Name: Address: 1719 40TH STREET SOUTH Address: City-St-Zip: ST. PETERSBURG, FL 33711 City-St-Zip: Title: **TREA** () Delete Title: () Change () Addition MACDONALD, FRANCIS W Name: Name: Address: P.O. BOX 594 Address: City-St-Zip: ST. PETERSBURG, FL 33731 City-St-Zip: Title: SECY () Delete Title: () Change () Addition Name: WHEELER, WILLIAM Name: Address: 3207 EAST 22ND AVENUE Address: City-St-Zip: TAMPA, FL 33605 City-St-Zip: Title: () Delete Title: () Change () Addition STOKES, KIRK Name: Name: 1250 TENTH STREET NORTH Address: Address: City-St-Zip: ST. PETERSBURG, FL 33705 City-St-Zip: Title: () Delete Title: () Change () Addition FREEMAN, ARCHIE Name: Name: Address: 955 ROGERS STREET, UNIT A Address:

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.

City-St-Zip:

SIGNATURE: FRANCIS W. MACDONALD TREA 05/01/2009

CLARKSTON, GA 30021

City-St-Zip: