

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2008 8:00 am
Secretary of State

07-28-2008 90028 003 ****61.25

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1. Entity Name
FLORIDA BANJO SOCIETY, INC.



60040000



07242008 Chg-NP CR2E037 (12/06)

4. FEI Number
NOT APPLICABLE

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, MARY E.
17 HIGH DR., STE. C
CRAWFORDVILLE, FL 32327

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	LEVY, CHUCK	<input type="checkbox"/> Delete
NAME		426 SW 43 TERR	
STREET ADDRESS		GAINESVILLE, FL 32607	
CITY-ST-ZIP			
TITLE	D	DAVIS, HUGH C.	<input type="checkbox"/> Delete
NAME		P.O. BOX 1720	
STREET ADDRESS		CRAWFORDVILLE, FL 32326	
CITY-ST-ZIP			
TITLE	D	ROGERS, WAYNE	<input type="checkbox"/> Delete
NAME		3700 WASHINGTON AVE.	
STREET ADDRESS		TITUSVILLE, FL 32780	
CITY-ST-ZIP			
TITLE	D	SUCSY, PETE	<input checked="" type="checkbox"/> Delete
NAME		7914 LAKE GENEVA LANE	
STREET ADDRESS		KEYSTONE HEIGHTS, FL 32656	
CITY-ST-ZIP			
TITLE	D	HOGAN, TOM	<input type="checkbox"/> Delete
NAME		459 SE 57TH CT. ROAD	
STREET ADDRESS		TRENTON, FL 32693	
CITY-ST-ZIP			
TITLE	D	CATCHES, JOHN	<input type="checkbox"/> Delete
NAME		26904 NW 193 AVE.	
STREET ADDRESS		HIGH SPRINGS, FL 32643	
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	AI Poindexter	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Ad
NAME		1149 Morvenwood Rd.	
STREET ADDRESS		Jacksonville, FL 32207	
CITY-ST-ZIP			
TITLE	V	TOM WILSON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Ad
NAME		715 Queen Rd	
STREET ADDRESS		ST. AUGUSTINE, FL 32086	
CITY-ST-ZIP			
TITLE	T	Pete SUCSY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Ad
NAME		7914 LAKE GENEVA Ln.	
STREET ADDRESS		Keystone HTS, FL 32656	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Ad
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Ad
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Ad
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE