

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006447

FILED
Apr 07, 2009
Secretary of State

Entity Name: FLORIDA BANJO SOCIETY, INC.

Current Principal Place of Business:

1149 MOVERNWOOD RD
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

1149 MOVERNWOOD RD
JACKSONVILLE, FL 32207

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:

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

Name and Address of New Registered Agent:

POINDEXTER, ALFRED C
1149 MORVENWOOD RD
JACKSONVILLE, FL 32207 US

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: ALFRED C POINDEXTER

04/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LEVY, CHUCK
Address: 426 SW 43 TERR
City-St-Zip: GAINESVILLE, FL 32607

Title: D () Delete
Name: DAVIS, HUGH C.
Address: P.O. BOX 1720
City-St-Zip: CRAWFORDVILLE, FL 32326

Title: D () Delete
Name: ROGERS, WAYNE
Address: 3700 WASHINGTON AVE.
City-St-Zip: TITUSVILLE, FL 32780

Title: P () Delete
Name: POINDEXTER, AL
Address: 1149 MORVENWOOD RD
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: HOGAN, TOM
Address: 459 SE 57TH CT. ROAD
City-St-Zip: TRENTON, FL 32693

Title: D () Delete
Name: CATCHES, JOHN
Address: 26904 NW 193 AVE.
City-St-Zip: HIGH SPRINGS, FL 32643

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: P (X) Change () Addition
Name: POINDEXTER, AL PRES
Address: 1149 MORVENWOOD RD
City-St-Zip: JACKSONVILLE, FL 32207

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: AL POINDEXTER

PRES

04/07/2009

Electronic Signature of Signing Officer or Director

Date