

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009151

FILED
Jan 05, 2009
Secretary of State

Entity Name: EFLC- II, INC.

Current Principal Place of Business:

910 EAST DIXIE AVENUE
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

910 EAST DIXIE AVENUE
LEESBURG, FL 34748

New Mailing Address:

FEI Number: 20-5462128

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALEXANDER, JOSEPH N
308 EAST FIFTH AVE.
MOUNT DORA, FL 32757 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: PP () Delete
Name: ODOM, MARGO
Address: P.O. BOX 490048
City-St-Zip: LEESBURG, FL 34749 US

Title: P () Delete
Name: SEABROOK, ALLAN
Address: 19010 US HWY 441
City-St-Zip: MOUNT DORA, FL 32757 US

Title: S () Delete
Name: BLANKENSHIP, SCOTT
Address: 17526 COBBLESTONE LANE
City-St-Zip: CLERMONT, FL 34711 US

Title: TR () Delete
Name: BOWERSOX, RICHARD
Address: 3928 WOODPECKER DRIVE
City-St-Zip: FRUITLAND PARK, FL 34731 US

Title: EX.D () Delete
Name: CULLEN, CARMAN
Address: 910 EAST DIXIE AVE.
City-St-Zip: LEESBURG, FL 34748 US

Title: VP () Delete
Name: ALEXANDER, JOSEPH
Address: 308 E. 5TH STREET
City-St-Zip: MOUNT DORA, FL 32757 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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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: CARMAN CULLEN

ED

01/05/2009

Electronic Signature of Signing Officer or Director

Date