

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009771

FILED
Feb 24, 2009
Secretary of State

Entity Name: ACTON UP WITH DOWNS, INC.

Current Principal Place of Business:

725 GULFVIEW DR.
PANAMA CITY BEACH, FL 32413

New Principal Place of Business:

107 AMAR PLACE
SUITE 102
PANAMA CITY BEACH, FL 32417

Current Mailing Address:

PO BOX 19076
PANAMA CITY BEACH, FL 32417

New Mailing Address:

107 AMAR PLACE
SUITE 102
PANAMA CITY BEACH, FL 32417

FEI Number: 87-0779831

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STANFORD, REBECCA
725 GULFVIEW DR.
PANAMA CITY BEACH, FL 32413 US

Name and Address of New Registered Agent:

LONG, JOYCE
107 AMAR PLACE
SUITE 102
PANAMA CITY BEACH, FL 32417 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: JOYCE LONG

02/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LONG, JOYCE
Address: 233 WOODLAWN DR.
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: D () Delete
Name: STANFORD, REBECCA
Address: 725 GULFVIEW DR.
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: D () Delete
Name: PFNEISEL, ELAINE
Address: 717 GULFVIEW DR.
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: D () Delete
Name: GIBSON, KRISTEN
Address: 4010 OAK FOREST DR.
City-St-Zip: PANAMA CITY, FL 32404

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: WEST, NOEL
Address: 409 MACAETHUR AVE.
City-St-Zip: PANAMA CITY, FL 32401

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

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

Title: D () Change (X) Addition
Name: MACKS, CARLA
Address: P.O. BOX 342
City-St-Zip: FOUNTAIN, FL 32438

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: JOYCE LONG

D

02/24/2009

Electronic Signature of Signing Officer or Director

Date