2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000013076

Current Principal Place of Business:

Name and Address of Current Registered Agent:

5334 GRANADA BLVD

5334 GRANADA BLVD

SEBRING, FL 33872

FEI Number: 56-2598076

Current Mailing Address:

SEBRING, FL 33872

FILED Sep 09, 2007 Secretary of State

Certificate of Status Desired ()

New Principal Place of Business:

Name and Address of New Registered Agent:

6933 W UNIVERSITY AVE

GAINESVILLE, FL 32607

New Mailing Address:

6933 W UNIVERSITY AVE

GAINESVILLE, FL 32607

APT 604

#604

FEI Number Not Applicable ()

Entity Name: STONECAVE HOMECOMING ASSOCIATION, INC.

FEI Number Applied For ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

BIRD, DEBORAH "DEE" BIRD, DEBORAH 5334 GRANADA BLVD 6933 W UNIVERSITY AVE **APT 604** SEBRING, FL 33872 GAINESVILLE, FL 32607 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: DEBORAH BIRD 09/09/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition BIRD, DEBORAH BIRD, DEBORAH Name: Name: 5334 GRANADA BLVD Address: 6933 W UNIVERSITY AVE #604 Address: City-St-Zip: SEBRING, FL 33872 City-St-Zip: GAINESVILLE, FL 32607 Title: () Delete Title: () Change () Addition Name: PAYNTER, GARY Name: Address: 4133 E FREEDOM CIRCLE Address: City-St-Zip: OOLTEWAH, TN 37363 City-St-Zip: Title: () Delete Title: () Change () Addition BIRD, DONNA Name: Name: 115 S BULOVA BLVD, UNIT B Address: Address: City-St-Zip: APOPKA, FL 32703 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119,

above, or on an attachment with an address, with all other like empowered.

Electronic Signature of Signing Officer or Director

SIGNATURE: DEBORAH BIRD

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

ED

09/09/2007

Date