

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000013076

FILED
Apr 02, 2009
Secretary of State

Entity Name: STONECAVE HOMECOMING ASSOCIATION, INC.

Current Principal Place of Business:

6933 W UNIVERSITY AVE
APT 604
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

6933 W UNIVERSITY AVE
#604
GAINESVILLE, FL 32607

New Mailing Address:

6933 W UNIVERSITY AVE
APT 604
GAINESVILLE, FL 32607

FEI Number: 56-2598076

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BIRD, DEBORAH
6933 W UNIVERSITY AVE
APT 604
GAINESVILLE, FL 32607 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: ED () Delete
Name: BIRD, DEBORAH
Address: 6933 W UNIVERSITY AVE #604
City-St-Zip: GAINESVILLE, FL 32607

Title: D () Delete
Name: PAYNTER, GARY
Address: 4133 E FREEDOM CIRCLE
City-St-Zip: OOLTEWAH, TN 37363

Title: D () Delete
Name: BIRD, DONNA
Address: 115 S BULOVA BLVD, UNIT B
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: O (X) Change () Addition
Name: BILLIE J, MULLINS
Address: 3101 SWEETBRIER TERRACE
City-St-Zip: MIDLAND, MI 48642

Title: O (X) Change () Addition
Name: SYSPROL CONSULTANTS & TAX SERVICES
Address: 109 S BULOVA BLVD
City-St-Zip: APOPKA, FL 32703

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: DEBORAH BIRD

ED

04/02/2009

Electronic Signature of Signing Officer or Director

Date