

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06853

FILED
Jan 27, 2009
Secretary of State

Entity Name: HUCK 'N' TOM'S ASSOCIATION, INC.

Current Principal Place of Business:

51 S. ANDALUSIA AVENUE
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

51 S. ANDALUSIA AVENUE
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: 59-3639529

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRAEMER, MARY ESQ
727 HIGHWAY 98 EAST
DESTIN, FL 32540 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: PRES () Delete
Name: BENNETT, KAREN B
Address: 51 S. ANDALUSIA AVENUE
City-St-Zip: SANTA ROSA BCH, FL 32459

Title: TRES () Delete
Name: SMITH, JAMES
Address: 31428 CONIFER MTN. DR.
City-St-Zip: CONIFER, CO 80433

Title: DIR. () Delete
Name: BENNETT, TERRELL R
Address: 51 S. ANDALUSIA AVENUE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: DIR. () Delete
Name: PAYNE, LARRY
Address: 272 HUCK AND TOM RD
City-St-Zip: SANTA ROSA BEACH, FL 32459

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: () 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: KAREN B. BENNETT

PRES

01/27/2009

Electronic Signature of Signing Officer or Director

Date