2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2008
Secretary of State

DOCUMENT# N07000000753

Entity Name: MILITARY SUPPORT GROUP OF ALACHUA COUNTY, INC.

Current Principal Place of Business:

17516 NW 278TH AVE
ALACHUA, FL 32615

New Principal Place of Business:

Current Mailing Address:

P O BOX 1926
HIGH SPRINGS, FL 32655

New Mailing Address:

FEI Number: 20-8467931 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GOODWIN, LINDA
17516 NW 278TH AVE
ALACHUA, FL 32615 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: D ( ) Delete
Name: GOODWIN, LINDA
Address: P O BOX 2917
City-St-Zip: HIGH SPRINGS, FL 32655

Title: D ( ) Delete
Name: YAKUBSIN, JAMES E
Address: 15135 NW 174TH AVE
City-St-Zip: ALACHUA, FL 32615

Title: D ( ) Delete
Name: BRADLEY, MIKE E
Address: 24614 NW 168TH TERR
City-St-Zip: ALACHUA, FL 32615

Title: D ( ) Delete
Name: KRUEGER, PAM
Address: 5221 SW 97TH DR
City-St-Zip: GAINESVILLE, FL 32608

Title: D ( ) Delete
Name: RUBANICK, CELESTE
Address: 20727 NW 78TH AVE
City-St-Zip: ALACHUA, FL 32615

Title: D ( ) Delete
Name: RUSHING, HARRY
Address: 8711 NW 176TH TERR
City-St-Zip: ALACHUA, FL 32615

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:

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: LINDA K. GOODWIN D 01/06/2008

Electronic Signature of Signing Officer or Director — Date