## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000003333

Title:

Name:

Address:

City-St-Zip:

FILED Mar 23, 2009 Secretary of State

Entity Name: SAVE LAKE OTIS CHAIN, INC. **Current Principal Place of Business: New Principal Place of Business:** 1332 N. LAKE OTIS DR. SE WINTER HAVEN, FL 338803156 **Current Mailing Address: New Mailing Address:** 1332 N. LAKE OTIS DR. SE WINTER HAVEN, FL 338803156 FEI Number: 20-8759949 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: UNITED STATES CORPORATION AGENTS, INC. 13302 WINDING OAKS BLVD SUITE A-100 TAMPA, FL 336123425 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: PTD () Delete () Change () Addition LEEDY, ANNE-MARIE Name: Name: 1332 N. LAKE OTIS DR. SE Address: Address: City-St-Zip: WINTER HAVEN, FL 338803156 City-St-Zip: Title: SD () Delete Title: () Change () Addition Name: COLLANY, KATHLEEN Name: Address: 400 ISLAND WAY Address: WINTER HAVEN, FL 338803156 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition LEEDY, INGRAM Name: Name: 1332 N. LAKE OTIS DR. SE Address: Address: City-St-Zip: WINTER HAVEN, FL 338803156 City-St-Zip: ( ) Delete Title: Title: () Change () Addition THORNHILL, CONLEY Name: Name: Address: 1147 INTEIOCHEN BLVD. Address: City-St-Zip: WINTER HAVEN, 33 884 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ANNE-MARIE LEEDY PTD 03/23/2009

() Delete

TANNER, WEBB

6 BROGDEN CT. SE

WINTER HAVEN, FL 33884

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