

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003698

FILED  
Apr 01, 2009  
Secretary of State

**Entity Name:** BUCKINGHAM COMMUNITY PLANNING PANEL, INC.

**Current Principal Place of Business:**

4931 SHADY RIVER LANE  
FT. MYERS, FL 33905

**New Principal Place of Business:**

**Current Mailing Address:**

4931 SHADY RIVER LANE  
FT. MYERS, FL 33905

**New Mailing Address:**

**FEI Number:** 26-0449860

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BURDETTE, BILL  
4931 SHADY RIVER LANE  
FT. MYERS, FL 33905 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: DP ( ) Delete  
Name: BURDETTE, BILL  
Address: 4931 SHADY RIVER LANE  
City-St-Zip: FT. MYERS, FL 33905

Title: DV ( ) Delete  
Name: RIPPE, MIKE  
Address: 4931 SHADY RIVER LANE  
City-St-Zip: FT. MYERS, FL 33905

Title: DS ( ) Delete  
Name: BRANDT, GORDON  
Address: 4931 SHADY RIVER LANE  
City-St-Zip: FT. MYERS, FL 33905

Title: DT ( ) Delete  
Name: MURRAY, BOB  
Address: 4931 SHADY RIVER LANE  
City-St-Zip: FT. MYERS, FL 33905

Title: D ( ) Delete  
Name: STRAYHORN, BRUCE  
Address: 4931 SHADY RIVER LANE  
City-St-Zip: FT. MYERS, FL 33905

Title: D ( ) Delete  
Name: VERNAY, GLORIA  
Address: 4931 SHADY RIVER LANE  
City-St-Zip: FT. MYERS, FL 33905

**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: BOB MURRAY

DT

04/01/2009

Electronic Signature of Signing Officer or Director

Date