

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

05-22-2008 90018 028 ****61.25

DOCUMENT # N07000005561

1. Entity Name
SOCIETY USA, INC.



Principal Place of Business
**4507 JUDY COURT
ORLANDO, FL 32839**

Mailing Address
**P.O. BOX 561637
ORLANDO, FL 32856-1637**

60043373



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05052008 Chg-NP CR2E037 (12/06)

4. FEI Number

26-0378861

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPENCER, MELISSA A
4507 JUDY COURT
ORLANDO, FL 32839**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RADKA, MICHAEL J.
423 SANDRINGHAM COURT
WINTER SPRINGS, FL 32708** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
RADKA, MICHAEL J
423 SANDRINGHAM COURT
WINTER SPRINGS, FL 32708** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BLAKE, JACQUELINE A
4850 LORRAINE WAY
ORLANDO, FL 32812** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SIMMONS, DANIEL A
32 TIMBERCREEK PINE CIRCLE
WINTER GARDEN, FL 34787** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ALEXANDER, AUDREY
1802 OLE HERITAGE DR. #13204
ORLANDO, FL 32839** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S,T
SPENCER, MELISSA
4507 JUDY COURT
ORLANDO, FL 32839** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
COLEMAN, CONNIE
5805 SHELBOURN CT
ORLANDO, FL 32839** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Melissa Spencer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/08

Date

Daytime Phone #