

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006012

FILED
Apr 21, 2009
Secretary of State

Entity Name: BAJANS IN MELBOURNE & NEIGHBOURS, INC.

Current Principal Place of Business:

1919 CRANE CREEK BLVD
MELBOURNE, FL 32940

New Principal Place of Business:

Current Mailing Address:

POB 1585
ROCKLEDGE, FL 329561585

New Mailing Address:

FEI Number: 26-0562826

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BISPHAM, JANICE
1919 CRANE CREEK BLVD
MELBOURNE, FL 32940 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: C () Delete
Name: BISPHAM, JANICE
Address: 1919 CRANE CREEK BLVD
City-St-Zip: MELBOURNE, FL 32940

Title: T () Delete
Name: BELLE, KENNETH
Address: 5025 TIMBER LANE DR
City-St-Zip: COCOA, FL 32926

Title: VC () Delete
Name: SMALL, JOHN
Address: 1685 BOCA RID DR
City-St-Zip: MELBOURNE, FL 329406224

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:

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: JANICE BISPHAM

MS

04/21/2009

Electronic Signature of Signing Officer or Director

_____ Date