2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006378

May 01, 2008 Secretary of State

FILED

Entity Name: GARRISON FAMILY REUNION, INC. **Current Principal Place of Business: New Principal Place of Business:** 5162 PERSIMMON HOLLOW RD MILTON, FL 32583 **Current Mailing Address: New Mailing Address:** 5162 PERSIMMON HOLLOW RD MILTON, FL 32583 FEI Number: 26-0376584 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CRAIG, WILLIE J JR 5162 PÉRSIMMON HOLLOW RD MILTON, FL 32583 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: () Delete () Change () Addition CRAIG, WILLIE J JR Name: Name: Address: 5162 PERSIMMON HOLLOW RD Address: City-St-Zip: MILTON, FL 32583 City-St-Zip: Title: () Delete Title: () Change () Addition WINGATE, STEPHANIE Name: Name: Address: 1565 CHANNING PLACE Address: City-St-Zip: PENSACOLA, FL 32534 City-St-Zip: Title: () Delete Title: (X) Change () Addition PERRYMAN, TERRY PERRIMAN, TERRY Name: Name: 6909 CHAFFIN ST 6909 CHAFFIN ST Address: Address: City-St-Zip: MILTON, FL 32570 City-St-Zip: MILTON, FL 32570 Title: () Delete Title: () Change () Addition Name: BANNER, SARAH Name: 5030 PERSIMMON HOLLOW RD Address: Address: City-St-Zip: MILTON, FL 32583 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: WILLIE J. CRAIG JR. P 05/01/2008