

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 16, 2008
Secretary of State

DOCUMENT# N07000008996

Entity Name: NORTH FLORIDA SPRINGS ALLIANCE, INC.**Current Principal Place of Business:**12087 SW US HWY 27
FT WHITE, FL 30238**New Principal Place of Business:****Current Mailing Address:**12087 SW US HWY 27
FT WHITE, FL 30238**New Mailing Address:**27202 NW203RD PLACE
HIGH SPRINGS, FL 32643**FEI Number:** 83-0496195**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**FLANAGAN, GREGORY S ESQ
2701 SE MARICAMP RD SUITE 104
OCALA, FL 34471 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: D () Delete
Name: JESSOP, KELLY
Address: 1019 HARROLD AVE
City-St-Zip: AMERICUS, GA 31709

Title: D () Delete
Name: PENNEY, CYNTHIA
Address: 934 WALKER AVE SW
City-St-Zip: LIVE OAK, FL 32064

Title: D () Delete
Name: RICHARDSON, LINDA
Address: 386 SW TEXAS LN
City-St-Zip: FT WHITE, FL 32038

Title: D () Delete
Name: WOMBLE, JIM
Address: 640 SOUTH CREST ROAD
City-St-Zip: CHATTANOOGA, TN 37407

Title: D () Delete
Name: ORLOWSKI, SHELLEY
Address: 21505 154TH CIRCLE
City-St-Zip: LIVE OAK, FL 32060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PENNEY, DAVID
Address: 934 WALKER AVE SW
City-St-Zip: LIVE OAK, FL 32064

Title: D (X) Change () Addition
Name: WYATT, JIM
Address: 27202 NW 203RD PLACE
City-St-Zip: HIGH SPRINGS, FL 32643

Title: D (X) Change () Addition
Name: JOHNSON, TOM
Address: 4555 HERITAGE OAK DRIVE
City-St-Zip: ORLANDO, FL 32808

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: JIM WYATT

TREA

07/16/2008

Electronic Signature of Signing Officer or Director

Date