

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011184

FILED
Apr 15, 2009
Secretary of State

Entity Name: BNI REFERRALS UNLIMITED GROUP INC

Current Principal Place of Business:

SPRING HILL SUITES
2000 NW COURTYARD CIRCLE - CONFERENCE ROOM
PORT ST LUCIE, FL 34986

New Principal Place of Business:

SUNLIGHT COMMUNITY CHURCH
477 SW CASHMERE BLVD - CONFERENCE ROOM
PORT ST LUCIE, FL 34986

Current Mailing Address:

1315 SW CEDAR COVE
PORT ST LUCIE, FL 34986

New Mailing Address:

130 SW PORT ST LUCIE BLVD
PORT ST LUCIE, FL 34952

FEI Number: 26-1424747

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLSINSKI, LINDA
1315 SW CEDAR COVE
PORT ST LUCIE, FL 34986 US

Name and Address of New Registered Agent:

MATEER, SCOTT
130 SW PORT ST LUCIE BLVD
PORT ST LUCIE, FL 34952 US

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: SCOTT MATEER

04/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ANDREWS, SARA
Address: 1740 SW ST LUCIE BLVD
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: V () Delete
Name: MATEER, SCOTT
Address: 130 SW PORT ST LUCIE BLVD
City-St-Zip: PORT ST. LUCIE, FL 34984

Title: S () Delete
Name: OLSINSKI, LINDA
Address: 1315 SW CEDAR COVE
City-St-Zip: PORT ST. LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PALMER, LEE
Address: 200 WEST GLEN
City-St-Zip: FORT PIERCE, FL 34981

Title: V (X) Change () Addition
Name: MOBERLY, DAVE
Address: 501 SE PORT ST LUCIE BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34984

Title: S (X) Change () Addition
Name: MATEER, SCOTT
Address: 130 SW PORT ST LUCIE
City-St-Zip: PORT ST. LUCIE, FL 34984

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: SCOTT MATEER

S

04/15/2009

Electronic Signature of Signing Officer or Director

Date