

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011354

FILED
Apr 07, 2009
Secretary of State

Entity Name: ANCIENT CITY PRIDE, INC.

Current Principal Place of Business:

516 VISTA RIA CT.
ST. AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

516 VISTA RIA CT.
ST. AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 26-1470952

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UVEGES, BRUCE A
516 VISTA RIA CT.
ST. AUGUSTINE, FL 32080 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: BALLARD, GEORGE L
Address: 516 VISTA RIA CT.
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D () Delete
Name: BISHOP, THOMAS G
Address: 216 BLUEBIRD LANE
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D () Delete
Name: BARKER, SHAWN
Address: 149 ABBOTTS WAY
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: D () Delete
Name: PARRISH, TAMMY
Address: 984 DEER CHASE DR.
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: D () Delete
Name: NICHOLS, TRACI
Address: 984 DEER CHASE DR.
City-St-Zip: ST. AUGUSTINE, FL 32086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR (X) Change () Addition
Name: BALLARD, GEORGE L
Address: 516 VISTA RIA CT.
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: MR (X) Change () Addition
Name: BISHOP, THOMAS G
Address: 216 BLUEBIRD LANE
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: MR (X) Change () Addition
Name: BARKER, SHAWN
Address: 149 ABBOTTS WAY
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: MR (X) Change () Addition
Name: BRANCH, DENNIS
Address: 37 ROHDE AVENUE, APT. 1
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: MS (X) Change () Addition
Name: ROSS, DIANE
Address: 3975 SOUTH FRANCIS
City-St-Zip: ST. AUGUSTINE, FL 32092

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: GEORGE L. BALLARD

PRES

04/07/2009

Electronic Signature of Signing Officer or Director

Date