

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Sep 01, 2009  
Secretary of State**

DOCUMENT# N07000011374

Entity Name: THE FIRST TABLE ORGANIZATION, INC.

**Current Principal Place of Business:**

505 MARTIN LUTHER KING JR. AVE., STE. 1  
LAKELAND, FL 33815

**New Principal Place of Business:**

**Current Mailing Address:**

505 MARTIN LUTHER KING JR. AVE., STE. 1  
LAKELAND, FL 33815

**New Mailing Address:**

FEI Number: 33-2317508      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:**

GLOVER, KENNETH C ESQ  
505 MARTIN LUTHER KING JR. AVE., STE. 1  
LAKELAND, FL 33815      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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: ARDIS, REGINALD  
Address: 420 PLATT ST.  
City-St-Zip: LAKELAND, FL 33809

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

Title: VPD      ( ) Delete  
Name: BOND, FLORENDA  
Address: PO BOX 225  
City-St-Zip: LAKELAND, FL 33802

Title: VPD      (X) Change ( ) Addition  
Name: LEWIS, HILDA  
Address: 1005 W. 2ND STREET  
City-St-Zip: LAKELAND, FL 33805

Title: SD      ( ) Delete  
Name: BUJIE, NYLA  
Address: 2100 OLD TAMPA HWY  
City-St-Zip: LAKELAND, FL 33810

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

Title: SD      ( ) Delete  
Name: GOODWIN, JOSEPH  
Address: 1135 JOSEPHINE ST  
City-St-Zip: LAKELAND, FL 33815

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: REGINALD L. ARDIS

PD

09/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date