

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011843

FILED
Mar 20, 2009
Secretary of State

Entity Name: W.I.V.E.S. ORGANIZATION, INC.

Current Principal Place of Business:

6130 BEAUMONT AVENUE
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

6130 BEAUMONT AVENUE
ORLANDO, FL 32808

New Mailing Address:

FEI Number: 26-1551416

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMMOND, ALBERTA D
6130 BEAUMONT AVENUE
ORLANDO, FL 32808 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: P, T () Delete
Name: HAMMOND, ALBERTA D
Address: 6130 BEAUMONT AVENUE
City-St-Zip: ORLANDO, FL 32808

Title: VP S () Delete
Name: LANE, RUBY
Address: 614 RAILROAD AVENUE
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: ALBERTA D HAMMOND

P T

03/20/2009

Electronic Signature of Signing Officer or Director

Date