

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07009

FILED  
Jan 25, 2009  
Secretary of State

Entity Name: INDIAN LAKES FOREST, INC.

## Current Principal Place of Business:

P O BOX 61  
FLORAHOME, FL 32140

## New Principal Place of Business:

C/O 210 INDIAN LAKE FOREST ROAD  
FLORAHOME, FL 32140

## Current Mailing Address:

P O BOX 61  
FLORAHOME, FL 32140

## New Mailing Address:

FEI Number: 59-3015892      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MERRILL, BEA  
228 INDIAN LAKES FOREST ROAD  
FLORAHOME, FL 32140 US

## Name and Address of New Registered Agent:

VINING, WILLIAM L  
210 INDIAN LAKES FOREST ROAD  
FLORAHOME, FL 32140 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: WILLIAM L. VINING

01/25/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BAIR, SAM  
Address: 216 INDIAN LAKES FOREST RD  
City-St-Zip: FLORAHOME, FL 32140

Title: VP ( ) Delete  
Name: BENNETT, CECE  
Address: 166 INDIAN LAKES FOREST RD  
City-St-Zip: FLORAHOME, FL 32140

Title: ST ( ) Delete  
Name: MERRILL, BEA  
Address: 228 INDIAN LAKES FOREST RD  
City-St-Zip: FLORAHOME, FL 32140

Title: D ( ) Delete  
Name: SCHRUPP, HOWARD  
Address: 174 INDIAN LAKES FOREST RD  
City-St-Zip: FLORAHOME, FL 32140

Title: D ( ) Delete  
Name: MERRILL, RAYMOND  
Address: 228 INDIAN LAKES FOREST RD  
City-St-Zip: FLORAHOME, FL 32140

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: HUNTER, BARBARA  
Address: 119 INDIAN TRAIL  
City-St-Zip: FLORAHOME, FL 32140

Title: VP (X) Change ( ) Addition  
Name: HALL, DIANNE  
Address: P.O. BOX 1522  
City-St-Zip: PALATKA, FL 32178

Title: ST (X) Change ( ) Addition  
Name: VINING, WILLIAM L  
Address: 210 INDIAN LAKES FOREST RD  
City-St-Zip: FLORAHOME, FL 32140

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: WILLIAM L. VINING

S/T

01/25/2009

Electronic Signature of Signing Officer or Director

Date