

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000072

FILED
Jul 08, 2009
Secretary of State

Entity Name: CAYAC INC.

Current Principal Place of Business:

9773 SW SANTA MONICA DR.
PALM CITY, FL 34990

New Principal Place of Business:

3731 OLEANDER AVE
109
FORT PIERCE, FL 34982

Current Mailing Address:

P.O. BOX 880702
PORT SAINT LUCIE, FL 34988

New Mailing Address:

3731 OLEANDER AVE
109
FORT PIERCE, FL 34982

FEI Number: 26-1652386 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:

KHOURY, NICOLAS
5770 NW CAHABA STREET
PORT SAINT LUCIE, FL 34986 US

Name and Address of New Registered Agent:

KHOURY, NICOLAS
9773 SW SANTA MONICA DRIVE
PALM CITY, FL 34990 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: _____

07/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KHOURY, NICOLAS
Address: 5770 NW CAHABA STREET
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: VP () Delete
Name: KHOURY, MISTY H
Address: 5770 NW CAHABA STREET
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: T () Delete
Name: HORNE, JAMES E
Address: 9773 SW SANTA MONICA DR.
City-St-Zip: PALM CITY, FL 34990

Title: S () Delete
Name: HORNE, BRENDA C
Address: 9773 SW SANTA MONICA DR.
City-St-Zip: PALM CITY, FL 34990

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KHOURY, NICOLAS
Address: 9773 SW SANTA MONICA DRIVE
City-St-Zip: PALM CITY, FL 34990

Title: VP (X) Change () Addition
Name: KHOURY, MISTY H
Address: 9773 SW SANTA MONICA DRIVE
City-St-Zip: PALM CITY, FL 34990

Title: S (X) Change () Addition
Name: REDDEN, MARY ANN
Address: 5600 NW MANVILLE DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34988

Title: D (X) Change () Addition
Name: LOWE, JOHN W
Address: 458 SW EYERLY AVE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: D () Change (X) Addition
Name: RUTHANUM, MELLANIE
Address: 1886 SW MORELIA LANE
City-St-Zip: PORT SAINT LUCIE, FL 34953

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: NICOLAS KHOURY

P

07/08/2009

Electronic Signature of Signing Officer or Director

Date