

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000922

FILED
Apr 27, 2009
Secretary of State

Entity Name: FLORIDA SUNSHINE PLYMOUTH OWNERS CLUB, INC.

Current Principal Place of Business:

445 NORTH CHERRY POP DRIVE
INVERNESS, FL 344537975

New Principal Place of Business:

Current Mailing Address:

445 NORTH CHERRY POP DRIVE
INVERNESS, FL 344537975

New Mailing Address:

FEI Number: 80-0147384

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, WILBERT R
3007 W LEMON ST
TAMPA, FL 33609 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 () Delete
Name: BONADONNA, MICHAEL
Address: 445 NORTH CHERRY POP DRIVE
City-St-Zip: INVERNESS, FL 344537975

Title: VP () Delete
Name: BROWN, CHRIS
Address: 4938 GLADE HILL ST
City-St-Zip: JACKSONVILLE, FL 322072104

Title: S () Delete
Name: WILLIAMS, WILBERT R
Address: 3007 W LEMON ST
City-St-Zip: TAMPA, FL 336091639

Title: T () Delete
Name: BEALS, DOUG
Address: 14301 STARCROSS ST
City-St-Zip: BROOKSVILLE, FL 346135953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: MICHAEL BONADONNA

PRES

04/27/2009

Electronic Signature of Signing Officer or Director

Date