

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001722

FILED
Apr 03, 2009
Secretary of State

Entity Name: SEAN LIVESAY "LIVE YOUR DREAMS" MEMORIAL, A NOT FOR PROFIT CORPORATION

Current Principal Place of Business:

563 BAYSHORE DRIVE
NICEVILLE, FL 32578

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1912
FORT WALTON BEACH, FL 32549

New Mailing Address:

FEI Number: 42-1756533

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMMARATA, ANTHONY ESQ.
725 E. PARK AVENUE
TALLAHASSEE, FL 32301 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: LIVESAY, S
Address: 563 BAYSHORE DRIVE
City-St-Zip: NICEVILLE, FL 32578

Title: V () Delete
Name: LIVESAY, CAROLYN L
Address: 563 BAYSHORE DRIVE
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LIVESAY, ROY S
Address: 563 BAYSHORE DRIVE
City-St-Zip: NICEVILLE, FL 32578

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: ROY STANLEY LIVESAY

PRES

04/03/2009

Electronic Signature of Signing Officer or Director

Date