

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002279

Entity Name: AAMCA, INC.

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

590 SILVER ROAD
OCALA, FL 34472

New Principal Place of Business:

590 SILVER ROAD
OCALA, FL 34472 US

Current Mailing Address:

590 SILVER ROAD
OCALA, FL 34472

New Mailing Address:

590 SILVER ROAD
OCALA, FL 34472 US

FEI Number: 26-2186202

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BURLEY, CLAUDE
590 SILVER ROAD
OCALA, FL 34472 US

Name and Address of New Registered Agent:

BURLEY, CLAUDE MR.
590 SILVER ROAD
OCALA, FL 34472 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: CLAUDE BURLEY

04/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BURLEY, CLAUDE
Address: 184 LOCUST ROAD
City-St-Zip: OCALA, FL 34472

Title: D () Delete
Name: BURLEY, DORIS
Address: 184 LOCUST ROAD
City-St-Zip: OCALA, FL 34472

Title: D () Delete
Name: WALKER, MABEL
Address: 533 EMERALD ROAD
City-St-Zip: OCALA, FL 34472

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BURLEY, CLAUDE MR.
Address: 184 LOCUST ROAD
City-St-Zip: OCALA, FL 34472 US

Title: O (X) Change () Addition
Name: BURLEY, DORIS MRS.
Address: 184 LOCUST ROAD
City-St-Zip: OCALA, FL 34472 US

Title: O (X) Change () Addition
Name: WALKER, MABEL MRS.
Address: 533 EMERALD ROAD
City-St-Zip: OCALA, FL 34472 US

Title: O () Change (X) Addition
Name: WALKER, ERIC MR.
Address: 533 EMERALD ROAD
City-St-Zip: OCALA, FL 34472 US

Title: O () Change (X) Addition
Name: CHRISTIAN, PHYLLIS MS.
Address: 9026 HICKORY CIRCLE
City-St-Zip: TAMPA, FL 33615 US

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: CLAUDE BURLEY

D

04/14/2009

Electronic Signature of Signing Officer or Director

Date