

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 06, 2009
Secretary of State

DOCUMENT# N08000002279

Entity Name: AAMCA, INC.

Current Principal Place of Business:590 SILVER ROAD
OCALA, FL 34472 US**New Principal Place of Business:****Current Mailing Address:**590 SILVER ROAD
OCALA, FL 34472 US**New Mailing Address:**

FEI Number: 26-2186202

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:BURLEY, CLAUDE MR.
590 SILVER ROAD
OCALA, FL 34472 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: D () Delete
Name: BURLEY, CLAUDE MR.
Address: 184 LOCUST ROAD
City-St-Zip: OCALA, FL 34472 USTitle: O () Delete
Name: BURLEY, DORIS MRS.
Address: 184 LOCUST ROAD
City-St-Zip: OCALA, FL 34472 USTitle: O () Delete
Name: WALKER, MABEL MRS.
Address: 533 EMERALD ROAD
City-St-Zip: OCALA, FL 34472 USTitle: O () Delete
Name: WALKER, ERIC MR.
Address: 533 EMERALD ROAD
City-St-Zip: OCALA, FL 34472 USTitle: O () Delete
Name: CHRISTIAN, PHYLLIS MS.
Address: 9026 HICKORY CIRCLE
City-St-Zip: TAMPA, FL 33615 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: O (X) Change () Addition
Name: GERARD, DEBORAH MRS.
Address: 17015 SW 18 AVENUE, ROAD
City-St-Zip: OCALA, FL 34473 USTitle: O (X) Change () Addition
Name: WILSON, ANNA MS.
Address: 8544 SW 107TH PLACE
City-St-Zip: OCALA, FL 34481 USTitle: O (X) Change () Addition
Name: BURLEY, DORIS MS.
Address: 184 LOCUST ROAD
City-St-Zip: OCALA, FL 34472 USTitle: () 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: CLAUDE BURLEY

MR.

09/06/2009

Electronic Signature of Signing Officer or Director

Date