

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002865

FILED  
Apr 21, 2009  
Secretary of State

**Entity Name:** BAMBOO ARTS CENTER FOR SUSTAINABLE LIVING & SELF DISCOVERY, INC.

**Current Principal Place of Business:**

4490 CAVE LAKE ROAD  
DELEON SPRINGS, FL 32130

**New Principal Place of Business:**

**Current Mailing Address:**

4490 CAVE LAKE ROAD  
DELEON SPRINGS, FL 32130

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

EMERSON, SAUNDRA T  
4490 CAVE LAKE ROAD  
DELEON SPRINGS, FL 32130 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: EMERSON, SAUNDRA T  
Address: 4490 CAVE LAKE ROAD  
City-St-Zip: DELEON SPRINGS, FL 32130

Title: VP ( ) Delete  
Name: CUNNINGHAM, TROY  
Address: 4490 CAVE LAKE ROAD  
City-St-Zip: DELEON SPRINGS, FL 32130

Title: SEC ( ) Delete  
Name: VETTER, VALERIE  
Address: 1374 SPRING GARDEN RANCH ROAD  
City-St-Zip: DELEON SPRINGS, FL 32130

Title: TREA ( ) Delete  
Name: MCCLAIN, PAUL  
Address: 180 ANITA  
City-St-Zip: DELAND, FL 32720

Title: MGR ( ) Delete  
Name: BAKER, CHRIS  
Address: 355 CASSEDAGA ROAD  
City-St-Zip: CASSEDAGA, FL 32760

**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:

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: SAUNDRA T EMERSON

P

04/21/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date