2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# N08000003146

Entity Name: CONTINENTAL SOCIETIES INC. SOLIVITA POLK CHAPTER

Current Principal Place of Business:

172 PRIMA DRIVE
KISSIMMEE, FL 34759

New Principal Place of Business:

Current Mailing Address:

172 PRIMA DRIVE
KISSIMMEE, FL 34759

New Mailing Address:

FEI Number: 26-2109433 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SYKES, PAMELA H
172 PRIMA DRIVE
KISSIMMEE, FL 34759 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:	SYKES, PAMELA H MRS.	
Address:	172 PRIMA DRIVE	
City-St-Zip:	KISSIMMEE, FL 34759	
Title:	VP	( ) Delete
Name:	GILL, JUANITA D	
Address:	239 VISTA DRIVE	
City-St-Zip:	KISSIMMEE, FL 34759	
Title:	T	( ) Delete
Name:	WATSON, PHYLLIS	
Address:	112 MILAN LANE	
City-St-Zip:	KISSIMMEE, FL 34759	
Title:	FS	( ) Delete
Name:	EDWARDS, VIVIAN	
Address:	183 BELL TOWER	
City-St-Zip:	KISSIMMEE, FL 34759	
Title:	FR	(X) Delete
Name:	DAVENPORT, PAT	
Address:	106 ROME DRIVE	
City-St-Zip:	KISSIMMEE, FL 34759	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	P.	(X) Change ( ) Addition
Name:	SYKES, PAMELA H MRS.	
Address:	172 PRIMA DRIVE	
City-St-Zip:	KISSIMMEE, FL 34759	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TRES	(X) Change ( ) Addition
Name:	DAVENPORT, PAT	
Address:	106 ROME DRIVE	
City-St-Zip:	KISSIMMEE, FL 34759	
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: PAMELA H. SYKES PRES 03/23/2009

Electronic Signature of Signing Officer or Director — Date