

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003930

Entity Name: BNI SUCCESS EXPRESS INC

FILED
Mar 26, 2009
Secretary of State

Current Principal Place of Business:

4959 SW LANDING CREEK DRIVE
PALM CITY, FL 34990

New Principal Place of Business:

477 SW CASHMERE BLVD
PORT ST LUCIE, FL 34986

Current Mailing Address:

4959 SW LANDING CREEK DRIVE
PALM CITY, FL 34990

New Mailing Address:

102 SW TERRY COURT
PORT ST LUCIE, FL 34953

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHAAL, KIMBERLY
4959 SW LANDING CREEK DR
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

MOLINARI, NOREEN
102 SW TERRY COURT
PORT ST LUCIE, FL 34953 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: NOREEN MOLINARI

03/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: FERREIRA, DEBORAH
Address: 154 SW HAWTHORNE CIRCLE
City-St-Zip: PORT ST LUCIE, FL 34953

Title: S () Delete
Name: SCHAAL, KIMBERLY
Address: 4959 SW LANDING CREEK DR
City-St-Zip: PALM CITY, FL 34990

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: AL, SORICELLI
Address: 1100 SW ST LUCIE WEST BLVD SUITE 204
City-St-Zip: PORT ST LUCIE, FL 34986

Title: VP (X) Change () Addition
Name: FRONTIERO, LINDA
Address: 2400 SW WEBSTER LN
City-St-Zip: PORT ST LUCIE, FL 34953

Title: S/T () Change (X) Addition
Name: MOLINARI, NOREEN
Address: 102 SW TERRY COURT
City-St-Zip: PORT ST LUCIE, FL 34953

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: NOREEN MOLINARI

S/T

03/26/2009

Electronic Signature of Signing Officer or Director

Date