

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004025

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** EMPTY STOCKING FUND OF FREEPORT INC.

**Current Principal Place of Business:**

100 WASHINGTON ST.  
FREEPORT, FL 32439

**New Principal Place of Business:**

**Current Mailing Address:**

100 WASHINGTON ST.  
FREEPORT, FL 32439

**New Mailing Address:**

**FEI Number:** 26-2625059

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GREESLAI, BEN CHIEF  
100 WASHINGTON ST.  
FREEPORT, FL 32439 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: HENNINGER, LATILDA  
Address: 100 WASHINGTON ST.  
City-St-Zip: FREEPORT, FL 32439

Title: V ( ) Delete  
Name: GRANT, JENNIFER  
Address: 100 WASHINGTON ST.  
City-St-Zip: FREEPORT, FL 32439

Title: SD ( ) Delete  
Name: WELLS, HANNAH  
Address: 100 WASHINGTON ST.  
City-St-Zip: FREEPORT, FL 32439

Title: T ( ) Delete  
Name: DIGISE, RALPH  
Address: 100 WASHINGTON ST.  
City-St-Zip: FREEPORT, FL 32439

Title: D ( ) Delete  
Name: PALMER, TOM  
Address: 100 WASHINGTON ST.  
City-St-Zip: FREEPORT, FL 32439

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: BATES, TIM  
Address: 100 WASHINGTON ST.  
City-St-Zip: FREEPORT, FL 32439

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: BENNETT GREENSLAIT

CHIE

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date