

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005877

FILED
Apr 27, 2009
Secretary of State

Entity Name: V N V / LV - CHAPTER "M" INC.

Current Principal Place of Business:

4244 WEST TENNESSEE STREET
TALLAHASSEE, FL 32304

New Principal Place of Business:

2671 CRAWFORDVILLE HWY
SUITE 15
CRAWFORDVILLE, FL 32327

Current Mailing Address:

4244 WEST TENNESSEE STREET
TALLAHASSEE, FL 32304

New Mailing Address:

2671 CRAWFORDVILLE HWY
SUITE 15
CRAWFORDVILLE, FL 32327

FEI Number: 30-0510453

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOYDE, JOSEPH R JR.
1407 PIEDMONT DR E
TALLAHASSEE, FL 32308 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: RADFORD, DANIEL
Address: 191 FISHER CREEK DRIVE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D () Delete
Name: CHRISTIE, JAMES
Address: 8 ROCK BLUFF TRAIL
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D () Delete
Name: OSTERMEYER, F.H.
Address: P.O. BOX 20084
City-St-Zip: TALLAHASSEE, FL 32316

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: MITCHELL, WAYNE
Address: 29 KRISTIN LANE
City-St-Zip: CRAWFORDVILLE, FL 32327

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: WAYNE MITCHELL

SECT

04/27/2009

Electronic Signature of Signing Officer or Director

Date