

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006718

FILED  
Jan 26, 2009  
Secretary of State

Entity Name: FLORIDA POLY RETREAT, INC.

**Current Principal Place of Business:**

14324 SE 59TH COURT  
SUMMERFIELD, FL 34491

**New Principal Place of Business:**

**Current Mailing Address:**

14324 SE 59TH COURT  
SUMMERFIELD, FL 34491

**New Mailing Address:**

FEI Number: 26-2989331

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WEBSTER, SANDRA M  
14324 SE 59TH COURT  
SUMMERFIELD, FL 34491 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: WEBSTER, SANDRA M  
Address: 14324 SE 59TH COURT  
City-St-Zip: SUMMERFIELD, FL 34491

Title: VP ( ) Delete  
Name: CHANEY, LAUREN  
Address: 8401 SOUTHSIDE BLVD #908  
City-St-Zip: JACKSONVILLE, FL 32256

Title: S ( ) Delete  
Name: HAMILTON, ALICIA  
Address: 1134 CR 20A  
City-St-Zip: HAWTHORNE, FL 32640

Title: T ( ) Delete  
Name: WEBSTER, RICHARD S  
Address: 14324 SE 59TH COURT  
City-St-Zip: SUMMERFIELD, FL 34491

**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:

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: SANDRA M. WEBSTER

MRS

01/26/2009

Electronic Signature of Signing Officer or Director

Date