## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000007220

Entity Name: A SPECIAL TIME, INC.

FILED Apr 14, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

12475 CHANCELLOR BLVD NORTH POINT, FL 34287 12475 CHANCELLOR BLVD PORT CHARLOTTE, FL 33953

Current Mailing Address: New Mailing Address:

PO BOX 8064 PO BOX 8064

NORTH POINT, FL 34287 NORTH PORT, FL 34290 US

FEI Number: 26-3090824 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

REYNOLDS, CHRISTINE
5330 SIMRAK ST
NORTH PORT, FL 34287 US
SHIELL, DELL
5152 RICHMOND TERRACE
NORTH PORT, FL 34287 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: DELL SHIELL 04/14/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Title: PD (X) Change ( ) Addition Name: REYNOLDS, CHRISTINE Name: BACKIEL, RICK

Address: 12475 CHANCELLOR BLVD Address: 1368 SARGENT ST

City-St-Zip: NORTH POINT, FL 34287 City-St-Zip: NORTH PORT, FL 34287 US

Title: D ( ) Delete Title: SD (X) Change ( ) Addition Name: SUTTON, CAROL Name: SUTTON, CAROL

Address: 5725 GREENWOOD AVE. APT 2101 Address: 5725 GREENWOOD AVE. APT 2101

City-St-Zip: NORTH PORT, FL 34287 City-St-Zip: NORTH PORT, FL 34287 US

Title: D ( ) Delete Title: VD (X) Change ( ) Addition

 Name:
 PACYGA, ADAM
 Name:
 PULFER, PEG

 Address:
 995 TAMIAMI TR. SUITE B
 Address:
 7144 REGAL CT

City-St-Zip: PORT CHARLOTTE, FL 33953 City-St-Zip: NORTH PORT, FL 34287 US

Title: ( ) Delete Title: TD ( ) Change (X) Addition

 Name:
 Name:
 PILTZ, CAROL

 Address:
 Address:
 7114 REGAL CT

City-St-Zip: City-St-Zip: NORTH PORT, FL 34287 US

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: CAROL PILTZ TD 04/14/2009