

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008519

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: VIRTUE US MAGAZINE, INCORPORATED

## Current Principal Place of Business:

677 DUNBAR STREET  
WINTER PARK, FL 32789

## New Principal Place of Business:

## Current Mailing Address:

677 DUNBAR STREET  
WINTER PARK, FL 32789

## New Mailing Address:

PO BOX 536066  
ORLANDO, FL 32853

FEI Number: 26-3361926

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JONES, COLANDRA D.  
2891 S. CONWAY RD., UNIT 360  
ORLANDO, FL 32812 US

## Name and Address of New Registered Agent:

JONES, COLANDRA D.  
3520 BOCAGE DRIVE  
715  
ORLANDO, FL 32812 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: COLANDRA D. JONES

04/27/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BARNES, NATALIE C.  
Address: 677 DUNBAR STREET  
City-St-Zip: WINTER PARK, FL 32789

Title: VP ( ) Delete  
Name: JONES, COLANDRA D.  
Address: 2891 S. CONWAY RD. UNIT 360  
City-St-Zip: ORLANDO, FL

Title: S ( ) Delete  
Name: BARNES, ELLA M. DR  
Address: 756 WELCH HILL CIR  
City-St-Zip: APOPKA, FL

Title: D ( ) Delete  
Name: HULL, LAKISHA N  
Address: 364 S. COTTAGE HILL RD.  
City-St-Zip: ORLANDO, FL

Title: D ( ) Delete  
Name: JENNINGS, TENESHIA  
Address: 5270 MILLENIA BLVD. UNIT 304  
City-St-Zip: ORLANDO, FL

Title: D ( ) Delete  
Name: JEAN-PIERRE, PATRICIA  
Address: 9069 LEEVISTA BLVD. UNIT 1209  
City-St-Zip: ORLANDO, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition  
Name: JONES, COLANDRA D.  
Address: 3520 BOCAGE DRIVE UNIT 715  
City-St-Zip: ORLANDO, FL 32812

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: COLANDRA D. JONES

VP

04/27/2009

Electronic Signature of Signing Officer or Director

Date