

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008694

FILED  
Feb 13, 2009  
Secretary of State

Entity Name: BUILDING FINANCIAL SECURITY, INC.

## Current Principal Place of Business:

5601 HAWKGROVE PLACE  
LITHIA, FL 33547

## New Principal Place of Business:

## Current Mailing Address:

5601 HAWKGROVE PLACE  
LITHIA, FL 33547

## New Mailing Address:

P.O. BOX 21621  
TAMPA, FL 33622

FEI Number: 30-0510425

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CAMPBELL, IDA  
5601 HAWKGROVE PLACE  
LITHIA, FL 33547 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: CAMPBELL, IDA  
Address: 5601 HAWKGROVE PLACE  
City-St-Zip: LITHIA, FL 33547

Title: V ( ) Delete  
Name: THOMPSON, ANN  
Address: 1909 NOPRTH 36TH STREET  
City-St-Zip: TAMPA, FL 33605

Title: S ( ) Delete  
Name: ANTHONY, YOLANDA  
Address: 2415 NORTH RIVERSIDE DRIVE  
City-St-Zip: TAMPA, FL 33602

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change ( ) Addition  
Name: THOMPSON, ANN  
Address: 1909 NORTH 36TH STREET  
City-St-Zip: TAMPA, FL 33605

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: IDA CAMPBELL

PRES

02/13/2009

Electronic Signature of Signing Officer or Director

Date