

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010132

FILED
Feb 13, 2009
Secretary of State

Entity Name: FAMILY AND FRIENDS OF ARTISTS' GARDENS AND STABLES, INC.

Current Principal Place of Business:

16047 PSENKA ST.
BROOKSVILLE, FL 34604

New Principal Place of Business:

Current Mailing Address:

16047 PSENKA ST.
BROOKSVILLE, FL 34604

New Mailing Address:

FEI Number: 26-3690696

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RITCHIE, RICHARD M
1460 WILLOW CREEK TERR.
SPRING HILL, FL 34606 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MRS () Change (X) Addition
Name: NOVAK, PHYLLIS PRESIDE
Address: 16047 PSENKA ST.
City-St-Zip: BROOKSVILLE, FL 34604

Title: MRS () Change (X) Addition
Name: REIDY, EILEEN VICE-PR
Address: 16047 PSENKA ST.
City-St-Zip: BROOKSVILLE, FL 34604

Title: MRS () Change (X) Addition
Name: VAGN, MARILYN SEC-TRE
Address: 16047 PSENKA ST.
City-St-Zip: BROOKSVILLE, FL 34604

Title: DR. () Change (X) Addition
Name: RITCHIE, RICHARD M REG-AG
Address: 16047 PSENKA ST.
City-St-Zip: BROOKSVILLE, FL 34604

Title: MRS () Change (X) Addition
Name: HOLLIDAY, SUE DIRECTO
Address: 16047 PSENKA ST.
City-St-Zip: BROOKSVILLE, FL 34604

Title: MRS () Change (X) Addition
Name: CALUB, CONNIE DIRECTO
Address: 16047 PSENKA ST.
City-St-Zip: BROOKSVILLE, FL 34604

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: RICHARD M. RITCHIE

DR

02/13/2009

Electronic Signature of Signing Officer or Director

Date