

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010968

FILED
Mar 09, 2009
Secretary of State

Entity Name: APALACHEE BEEKEEPERS ASSOCIATION INC.

Current Principal Place of Business:

6562 N JEFFERSON
MONTICELLO, FL 32344 US

New Principal Place of Business:

Current Mailing Address:

6562 N JEFFERSON
MONTICELLO, FL 32344 US

New Mailing Address:

FEI Number: 26-1500317

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOGG, GEORGE B
6562 N JEFFERSON
MONTICELLO, FL 32344 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: HUTSON, ELLYN
Address: 3224 CODY CHURCH RD
City-St-Zip: MONTICELLO, FL 32344 US

Title: D () Delete
Name: GAMPER, HEATHER
Address: 1550 CHOWKEEBIN NENE
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: D () Delete
Name: HOGG, GEORGE B
Address: 6562 N JEFFERSON
City-St-Zip: MONTICELLO, FL 32344 US

Title: T () Delete
Name: HALE, BECCA
Address: 2220 PONTIAC DR
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: D () Delete
Name: LIVINGSTON, ROBERT
Address: 7561 OLD ST AUGUSTINE RD
City-St-Zip: TALLAHASSEE, FL 32311 US

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: GEORGE B HOGG

SEC

03/09/2009

Electronic Signature of Signing Officer or Director

Date