

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000011307

FILED  
Jun 23, 2009  
Secretary of State

**Entity Name:** STRATEGIC CULTURAL INITIATIVES, INC.

**Current Principal Place of Business:**

108 N. RIVER DRIVE WEST  
JUPITER, FL 33458

**New Principal Place of Business:**

**Current Mailing Address:**

108 N. RIVER DRIVE WEST  
JUPITER, FL 33458

**New Mailing Address:**

**FEI Number:** 30-0520400      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

WHITEHEAD, PATRICK M ESQ.  
215 SOUTH OLIVE AVE.  
SUITE 400  
WEST PALM BEACH, FL 33401 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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: OLMSTEAD, LOWELL E JR  
Address: 108 N. RIVER DRIVE WEST  
City-St-Zip: JUPITER, FL 33458

Title: D ( ) Delete  
Name: ANDERSON, JERRY  
Address: 750 OCEAN ROYALE WAY #302  
City-St-Zip: JUNO BEACH, FL

Title: D ( ) Delete  
Name: CLIFTON, BRAD  
Address: 5506 PENNOCK POINT  
City-St-Zip: JUPITER, FL 33458

Title: D ( ) Delete  
Name: THOMPSON, DAVID  
Address: 1012 S. 8TH STREET  
City-St-Zip: FT. PIERCE, FL 34950

Title: D ( ) Delete  
Name: MARTIN, GORDAN  
Address: 513 BALD EAGLE  
City-St-Zip: JUPITER, FL 33477

Title: D ( ) Delete  
Name: WALSHE, SEAN M  
Address: 1112 KEYSTONE DR. #E  
City-St-Zip: JUPITER, FL 33458

**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:

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: LOWELL E OLMSTEAD

PRES

06/23/2009

Electronic Signature of Signing Officer or Director

Date