

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000011358

FILED  
Mar 26, 2009  
Secretary of State

Entity Name: EDEN OF OCALA, INC.

**Current Principal Place of Business:**

12650 NW 83 LANE  
OCALA, FL 34482

**New Principal Place of Business:**

513 BROADWAY STREET  
OCALA, FL 34471

**Current Mailing Address:**

12650 NW 83 LANE  
OCALA, FL 34482

**New Mailing Address:**

FEI Number: 26-3858499

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MESNICK, CASSANDRA  
12650 NW 83 LANE  
OCALA, FL 34482 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: D ( ) Delete  
Name: MESNICK, CASSANDRA  
Address: 12650 NW 83 LANE  
City-St-Zip: OCALA, FL 34482

Title: D ( ) Delete  
Name: AUSTIN, SHAWNA  
Address: 562 ROSECRANS AVE  
City-St-Zip: MANHATTAN BEACH, CA 90266

Title: D ( ) Delete  
Name: VACHON, VICKY  
Address: 12490 NW 77TH STREET  
City-St-Zip: OCALA, FL 34482

Title: D ( ) Delete  
Name: SHEEHAN, TERIE  
Address: 919 NE 9TH STREET  
City-St-Zip: OCALA, FL 34478

Title: D ( ) Delete  
Name: MURVIN, CARMEN  
Address: 2166 118TH CT  
City-St-Zip: OCALA, FL 34478

**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: D (X) Change ( ) Addition  
Name: SPICOCHI, CHRISTINE  
Address: 513 BROADWAY STREET  
City-St-Zip: OCALA, FL 34471

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: CASSANDRA MESNICK

ED

03/26/2009

Electronic Signature of Signing Officer or Director

Date