

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000000166

FILED
Jan 25, 2011
Secretary of State

Entity Name: FLORIDA LIVING HISTORY, INC.

Current Principal Place of Business:

1960 US HIGHWAY 1 SOUTH
PMB 193
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

1960 US HIGHWAY 1 SOUTH
PMB 193
ST. AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 30-0530162

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SCHMITT, MARK
130 DRAKE RD
ST. AUGUSTINE, FL 32086 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: T
Name: SCHMITT, MARK
Address: 130 DRAKE ROAD
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: P
Name: WALKER, DAVIS
Address: 530 BROADWAY AVENUE
City-St-Zip: ORLANDO, FL 32803

Title: S
Name: SHORTLIDGE, DR. RICHARD
Address: 63 VILLAGE LAS PALMAS CIR.
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D
Name: RYALS, ROBERT
Address: 103 POND VIEW LN
City-St-Zip: FT MILL, SC 29715

Title: D
Name: BURKE, TIM
Address: 3182 LOCKWOOD MEADOWS
City-St-Zip: SARASOTA, FL 34234

Title: D
Name: BATTEN, ANDREW
Address: 1407 CYPRESS TRACE DR
City-St-Zip: MELBOURNE, FL 32940

I hereby 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 all other like empowered.

SIGNATURE: MG SCHMITT

T

01/25/2011

Electronic Signature of Signing Officer or Director

Date