

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12229

FILED  
Jan 16, 2009  
Secretary of State

**Entity Name:** JOSEPH'S CUPBEARERS INTERNATIONAL, INC.

**Current Principal Place of Business:**

600 BYPASS DRIVE, STE. 210  
CLEARWATER, FL 33764 US

**New Principal Place of Business:**

**Current Mailing Address:**

600 BYPASS DRIVE, STE. 210  
CLEARWATER, FL 33764 US

**New Mailing Address:**

**FEI Number:** 59-2648957

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BADGER, BERKLEY C  
600 BYPASS DRIVE, STE. 210  
CLEARWATER, FL 33764 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: DV ( ) Delete  
Name: BROWNE, BOB  
Address: 1055 CHARLES ST  
City-St-Zip: CLEARWATER, FL 33755

Title: DPC ( ) Delete  
Name: LOW, DAVID  
Address: 600 BYPASS DRIVE STE 210  
City-St-Zip: CLEARWATER, FL 33764

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: BOB BROWNE

DV

01/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date