

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13837

FILED
Feb 02, 2009
Secretary of State

Entity Name: FLORIDA ARTIST BLACKSMITH ASSOCIATION, INC.

Current Principal Place of Business:

250 PAYTON ROAD
TALLAHASSEE, FL 323449455 US

New Principal Place of Business:

250 PAYTON ROAD
MONTICELLO, FL 323447002 US

Current Mailing Address:

CLYDE PAYTON
250 PAYTON ROAD
TALLAHASSEE, FL 323449455 US

New Mailing Address:

CLYDE PAYTON
250 PAYTON ROAD
MONTICELLO, FL 323447002 US

FEI Number: 59-2744845

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PAYTON, CLYDE
250 PAYTON ROAD
MONTICELLO, FL 32344 US

Name and Address of New Registered Agent:

PAYTON, CLYDE
250 PAYTON ROAD
MONTICELLO, FL 323447002 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:

02/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: RA () Delete
Name: PAYTON, CLYDE
Address: 250 PAYTON ROAD
City-St-Zip: MONTICELLO, FL 32344

Title: P () Delete
Name: ANDERSON, REX
Address: 2211 HIGH ROAD
City-St-Zip: TALLAHASSEE, FL 32303

Title: S () Delete
Name: LOBALITO, REV. JIM
Address: 1314 FERNWOOD ROAD
City-St-Zip: TALLAHASSEE, FL 32304

Title: T () Delete
Name: THOMAS, KATHY
Address: P.O BOX 849
City-St-Zip: DE LEON SPRINGS, FL 32130

Title: T () Delete
Name: HOLBROOK, JUAN
Address: 6418 NW 97 COURT
City-St-Zip: GAINESVILLE, FL 32653

Title: V () Delete
Name: MOHR, JEFF
Address: 22 IRONWOOD COURT
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: ANDERSON, REX
Address: 1221 VISTA ROAD
City-St-Zip: MONTICELLO, FL 32344

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: V (X) Change () Addition
Name: PATE, CHARLES
Address: P O BOX 5
City-St-Zip: LAMONT, FL 32336

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: CLYDE PAYTON

RA

02/02/2009

Electronic Signature of Signing Officer or Director

Date