

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 25, 2008
Secretary of State

DOCUMENT# N14474

Entity Name: THE FLORIDIANS, INC.**Current Principal Place of Business:**195 W. MORGAN STREET
WINTER GARDEN, FL 34787**New Principal Place of Business:****Current Mailing Address:**P O BOX 784475
KISSIMMEE, FL 347423445 US**New Mailing Address:**P O BOX 784475
WINTER GARDEN, FL 34787 US**FEI Number:** 59-2803425**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**LONG, WILLIAM J.
195 W MORGAN ST
WINTER GARDEN, FL 34787 US**Name and Address of New Registered Agent:**LONG, EVELYN S.
195 W MORGAN ST
WINTER GARDEN, FL 34787 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: EVELYN SHARON LONG

09/25/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LONG, WILLIAM
Address: 195 WEST MORGAN STREET
City-St-Zip: WINTER PARK, FL 34787

Title: STD () Delete
Name: LONG, WILLIAM J II
Address: 4630 S. KIRKMAN ROAD #293
City-St-Zip: ORLANDO, FL 32811

Title: SD () Delete
Name: LONG, EVELYN S
Address: 195 WEST MORGAN STREET
City-St-Zip: WINTER GARDEN, FL 34787

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LONG, EVELYN S
Address: 195 WEST MORGAN STREET
City-St-Zip: WINTER PARK, FL 34787

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

Title: SD (X) Change () Addition
Name: JOYNES, TINA K
Address: 5125 CYPRESS CREEK DR.
City-St-Zip: ORLANDO, FL 32811

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: EVELYN SHARON LONG

PD

09/25/2008

Electronic Signature of Signing Officer or Director

Date