2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# N14894

Entity Name: SECTOR OF FLORIDA - N.O.T.R., INC.

Current Principal Place of Business:

1054 BACON CIRCLE N.E.
PALM BAY, FL 32905 US

New Principal Place of Business:

Current Mailing Address:

1054 BACON CIRCLE N.E.
PALM BAY, FL 32905 US

New Mailing Address:

FEI Number: 59-3039519 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SORRENTINO, ALBERT M
1054 BACON CIRCLE N.E.
PALM BAY, FL 32905 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:	BROCKES, JOHN	
Address:	4888 LAKE CHARLES DR.	
City-St-Zip:	SAINT PETERSBURG, FL 33709 TS	
Title:	D	( ) Delete
Name:	SALVATORE, STAANZIONE	
Address:	8029 SW. 62. ND. AVE..	
City-St-Zip:	OCALA, FL 34471	
Title:	D	( ) Delete
Name:	KELLAT, JOHN	
Address:	2648 EDGEWATER AVE.	
City-St-Zip:	NEW SMYRNA BEACH, FL 32168	
Title:	D	( ) Delete
Name:	LINDEN, ALBERT	
Address:	2015 SW. 75TH. ST.	
City-St-Zip:	GAINESVILLE, FL 32607	
Title:	TSD	( ) Delete
Name:	SORRENTINO, ALBERT	
Address:	1054 BACON CIRCLE N.E.	
City-St-Zip:	PALM BAY, FL 32905	
Title:	D	( ) Delete
Name:	BRUCE, NOVAK	
Address:	4262 SW. 78TH. DRIVE	
City-St-Zip:	DAVIE, FL 33328	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	D	(X) Change ( ) Addition
Name:	LINDEN, ALBERT	
Address:	2015 S.W. 75TH. ST.	
City-St-Zip:	GAINESVILLE, FL 32607 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	HEINEY, CHARLES	
Address:	5947 WINDMERE TRACE	
City-St-Zip:	PACE, FL 32571 US	
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: ALBERT M. SORRENTINO RA 04/09/2009

Electronic Signature of Signing Officer or Director — Date