2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2009
Secretary of State

DOCUMENT# N16787

Entity Name: TOTALMAN MISSION CENTER, INC.

Current Principal Place of Business:

12900 NE OLD TRK CSE
OCALA, FL 34472

New Principal Place of Business:

12900 N.E. JACKSONVILLE RD.
SPARR, FL 34472

Current Mailing Address:

12900 NE OLD TRK CSE
OCALA, FL 34472

New Mailing Address:

89 REDWOOD TRACK COURSE
OCALA, FL 34472 MA

FEI Number: 59-2999240 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WALKER HOLT, MARY ANN
89 REDWOOD TRK CSE
OCALA, FL 34472 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: PD ( ) Delete
Name: WALKER-HOLT, MARY ANN
Address: 89 REDWOOD TRK CSE
City-St-Zip: OCALA, FL 34472

Title: TD ( ) Delete
Name: MCKINELY HOLT, RONNIE
Address: 89 REDWOOD TRK CSE
City-St-Zip: OCALA, FL 34472

Title: SD ( ) Delete
Name: ELLIS, LESTON
Address: 320 N.W. 56 AVE.
City-St-Zip: OCALA, FL 34482

Title: VD ( ) Delete
Name: ELLIS, ELINOR R
Address: 320 S.W. 56 AVE.
City-St-Zip: OCALA, FL 34482

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ( ) 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: WALKER-HOLT MARY ANN PD. 07/15/2009
Electronic Signature of Signing Officer or Director — Date