2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N19004

Entity Name: SUN COUNTRY TRAIL BLAZERS INC.

Current Principal Place of Business:

C/O JOYCE TYSON
12320 NE 135TH ST.
FT. MCCOY, FL 32134 US

New Principal Place of Business:

Current Mailing Address:

C/O JOYCE TYSON
12320 NE 135TH ST.
FT. MCCOY, FL 32134 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TYSON, JOYCE
12320 NE 135TH ST.
FT. MCCOY, FL 32134 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:	P	( ) Delete
Name:	TYSON, JOYCE	
Address:	12320 NE 135TH ST.	
City-St-Zip:	FT. MCCOY, FL 32134 US	
Title:	V	( ) Delete
Name:	LICHTENBERGER, MARY ANN	
Address:	9700 SW 67TH TERRACE	
City-St-Zip:	OCALA, FL 34476 US	
Title:	S	( ) Delete
Name:	VANDERIPE, THERESA	
Address:	18080 SW 43RD PLACE	
City-St-Zip:	DUNNELLON, FL 34432	
Title:	T	( ) Delete
Name:	BERNSTEIN, SANDY	
Address:	4750 SW 51ST TERRACE	
City-St-Zip:	OCALA, FL 34474	
Title:	PR	( ) Delete
Name:	OLSON, JULIE	
Address:	8251 NW 80TH AVE.	
City-St-Zip:	OCALA, FL 34482	
Title:	V	( ) Delete
Name:	MONTGOMERY, DOROTHY	
Address:	8400 NW 2ND STREET	
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:	S	(X) Change ( ) Addition
Name:	COLUCCI, DARLENE	
Address:	10351 SW 69TH COURT	
City-St-Zip:	OCALA, FL 34476	
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: JOYCE TYSON P 04/28/2009

Electronic Signature of Signing Officer or Director — Date