

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19296

FILED
Jan 19, 2009
Secretary of State

Entity Name: LA SOCIETE DES QUARANTE HOMMES ET HUIT CHEVAUX GRANDE VOITURE DE FLORIDA, INC.

Current Principal Place of Business:

227 FIFTEENTH AVENUE NORTH
104
JACKSONVILLE BEACH, FL 32250 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 51383
JACKSONVILLE BEACH, FL 32240 US

New Mailing Address:

FEI Number: 31-0923537 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

NOLAN, JOSEPH E
227 FIFTEENTH AVENUE NORTH
104
JACKSONVILLE BEACH, FL 32250 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: RAY, HAROLD,
Address: 15940 SE 65TH STREET
City-St-Zip: OXLAHAHA, FL 32179

Title: D () Delete
Name: G. PAT BEAMER,
Address: 2413 FIRST AVE. BOX 804-V4
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: ST () Delete
Name: NOLAN, JOSEPH E.,
Address: POST OFFICE BOX 51383
City-St-Zip: JACKSONVILLE BEACH, FL 32240

Title: D () Delete
Name: FERGUSON, HUGH,
Address: 351 SUMMER SPRING COURT
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: PS (X) Change () Addition
Name: NOLAN, JOSEPH E.,
Address: POST OFFICE BOX 51383
City-St-Zip: JACKSONVILLE BEACH, FL 32240

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: JOSEPH E. NOLAN

PS

01/19/2009

Electronic Signature of Signing Officer or Director

Date