# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 25, 2009**
**Secretary of State**

DOCUMENT# N20077

**Entity Name:** NORTH FLORIDA DAYLILY SOCIETY, INC.

**Current Principal Place of Business:**

8942 EASTON RIVER DRIVE
JACKSONVILLE, FL 32257 US

**New Principal Place of Business:**

**Current Mailing Address:**

8942 EASTON RIVER DRIVE
JACKSONVILLE, FL 32257 US

**New Mailing Address:**

**FEI Number: 59-2351858** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

O'BAR, DALE H
8942 EASTON RIVER DRIVE
JACKSONVILLE, FL 32257 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: T ( ) Delete
Name: O'BAR, DALE H
Address: 8942 EASTON RIVER DRIVE
City-St-Zip: JACKSONVILLE, FL 32257

Title: D ( ) Delete
Name: WENSELL, RAYMOND D
Address: 1900 ST. GEORGE COURT
City-St-Zip: JACKSONVILLE, FL 32068

Title: D ( ) Delete
Name: SCHNAPEL, DONALD
Address: 3135 OLD PORT COURT EAST
City-St-Zip: JACKSONVILLE, FL 32216

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D (X) Change ( ) Addition
Name: SHOMER, PATRICIA
Address: 866 GARRISON DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32092

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: DALE H. O'BAR TREA 04/25/2009
Electronic Signature of Signing Officer or Director Date