2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2009
Secretary of State

DOCUMENT# N20555

Entity Name: TAMIAMI POMONA GRANGE NO. 2 INC.

Current Principal Place of Business:

9303 FRUITVILLE ROAD
C/O MADELIN D. ANDREWS
SARASOTA, FL 34240

New Principal Place of Business:

Current Mailing Address:

9303 FRUITVILLE ROAD
C/O MADELIN D. ANDREWS
SARASOTA, FL 34240

New Mailing Address:

FEI Number: 23-7214710 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANDREWS, MADELIN D.
9303 FRUITVILLE ROAD
SARASOTA, FL 34240 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:	VP	( ) Delete
Name:	BORDERIEUX, BARBARA	
Address:	3915 36TH AVENUE EAST	
City-St-Zip:	PALMETTO, FL 34221	
Title:	D	( ) Delete
Name:	BEVACQUA, DORTHY	
Address:	4802 MINEOLA AVE	
City-St-Zip:	BRADENTON, FL 34207	
Title:	D	( ) Delete
Name:	CUNNINGHAM, EVELYN	
Address:	3114 DOROTHY PL	
City-St-Zip:	ELLENTON, FL 34222	
Title:	P	( ) Delete
Name:	SCHOELL, JOHN	
Address:	125 DOWLIN AVENUE	
City-St-Zip:	PORT CHARLOTTE, FL 33952	
Title:	D	(X) Delete
Name:	PHILLIPS, ROBERT	
Address:	318 8TH AVE N	
City-St-Zip:	LEHIGH ACRES, FL 33972	
Title:	S	(X) Delete
Name:	ANDREWS, MADELIN D.	
Address:	9303 FRUITVILLE RD.	
City-St-Zip:	SARASOTA, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	P	(X) Change ( ) Addition
Name:	BORDERIEUX, BARBARA	
Address:	3915 36TH AVENUE EAST	
City-St-Zip:	PALMETTO, FL 34221	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	ANDREWS, MADELIN D	
Address:	9303 FRUITVILLE ROAD	
City-St-Zip:	SARASOTA, FL 34240	
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: MADELIN D. ANDREWS SECR 03/29/2009

Electronic Signature of Signing Officer or Director — Date