

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22259

FILED
Apr 13, 2009
Secretary of State

Entity Name: THRASHER WAREHOUSE PRESERVATION, INC.

Current Principal Place of Business:

CORNER OF BAY STREET & CHOLOKKA BLVD
P.O. BOX 26
MICANOPY, FL 32667

New Principal Place of Business:

605 CHOLOKKA BLVD.
MICANOPY, FL 32667 US

Current Mailing Address:

CORNER OF BAY STREET & CHOLOKKA BLVD
P.O. BOX 26
MICANOPY, FL 32667

New Mailing Address:

P.O. BOX 26
MICANOPY, FL 32667 US

FEI Number: 59-2907378

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLEY, EDWARD L.
1301 GULF LIFE DR
JACKSONVILLE, FL 32207 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: VD () Delete
Name: DES FORGES, BUD
Address: 554 SEMINARY ST
City-St-Zip: MICANOPY, FL 32667

Title: STD () Delete
Name: THRASHER, JOHN E.
Address: 6424 SE 169TH AVENUE
City-St-Zip: MICANOPY, FL

Title: PD () Delete
Name: CRASS, MAURICE
Address: 13025 US HIGHWAY #441 SOUTH
City-St-Zip: MICANOPY, FL

Title: D () Delete
Name: LONAS, GEORGE
Address: 1922 SOUTHWEST 83RD COURT
City-St-Zip: GAINESVILLE, FL 32607

Title: D () Delete
Name: STILL, JOE
Address: 18009 SE COUNTY RD # 234
City-St-Zip: MICANOPY, FL 32667

Title: D () Delete
Name: SAMS, CHARLES V
Address: 1920 SW 86 TERR
City-St-Zip: GAINESVILLE, FL 32607

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
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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: JOE STILL

DIR

04/13/2009

Electronic Signature of Signing Officer or Director

Date