

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25264

FILED
Jan 12, 2009
Secretary of State

Entity Name: GIL CREST FARM OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

GILCREST TRAINING CENTER
1979 SW 15 WAY
BELL, FL 32619 US

New Principal Place of Business:

Current Mailing Address:

GILCREST TRAINING CENTER
2150 SW 17 TERRACE
BELL, FL 32619 US

New Mailing Address:

FEI Number: 59-2359585 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LACASSE, ROBERT A MR
2150 SW 17TH TERR
BELL, FL 32619 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: PD () Delete
Name: AYLOT, MELVIN
Address: 2100 SW 15TH WAY
City-St-Zip: BELL, FL 32619 US

Title: VPD () Delete
Name: DENNIS, TONY
Address: 1569 SW 22ND PLACE
City-St-Zip: BELL, FL 32619

Title: SD () Delete
Name: MCIIMURRAY, JAMES
Address: 1280 SW 16TH LANE
City-St-Zip: BELL, FL 32619

Title: TD () Delete
Name: LACASSE, ROBERT A
Address: 2150 SW 17 TER
City-St-Zip: BELL, FL 32619

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: AYLOR, MELVYN
Address: 2100 SW 15TH WAY
City-St-Zip: BELL, FL 32619 US

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: MELVYN AYLOR

P

01/12/2009

Electronic Signature of Signing Officer or Director

_____ Date