

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26825

FILED
Mar 13, 2009
Secretary of State

Entity Name: FAMILY STOP-OVER HOUSE, INC.

Current Principal Place of Business:

4982 TRAILER PARK ROAD
MARIANNA, FL 32448 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 6292
MARIANNA, FL 32447 US

New Mailing Address:

FEI Number: 59-2891952 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAKER, FRANK A.
202 E LAFAYETTE ST.
MARIANNA, FL 32446 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: SD () Delete
Name: POWELL, JANE O
Address: 2569 AUGUSTUS DR.
City-St-Zip: MARIANNA, FL 32446

Title: PD () Delete
Name: ANDREWS, JOAN S.,
Address: 2890 GARDENVIEW ROAD
City-St-Zip: COTTONDALE, FL 32431

Title: VD () Delete
Name: BURLESON, JAMES L. J, R.
Address: HIGHWAY 90
City-St-Zip: MARIANNA, FL 32446

Title: D () Delete
Name: HALL, LINDA
Address: 4293 HALL ROAD
City-St-Zip: MALONE, FL 32425

Title: TD () Delete
Name: HATCHER, ROBYN
Address: 4981 FLYNT DRIVE
City-St-Zip: MARIANNA, FL 32446

Title: D () Delete
Name: STUART, GINA C
Address: 2929 RUSS STREET
City-St-Zip: MARIANNA, FL 32446

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
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: LANIER, JUDY
Address: 4250 KELSON AV
City-St-Zip: MARIANNA, FL 32446

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: JUDY K LANIER

YD

03/13/2009

Electronic Signature of Signing Officer or Director

Date