2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# N29638

Entity Name: ANHINGA PRESS, INC.

Current Principal Place of Business:

1812 SKYLAND DRIVE
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 10595
TALLAHASSEE, FL 323020595 US

New Mailing Address:

FEI Number: 59-2949702 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAMPBELL, RICK
444 WINDING CREEK ROAD
QUINCY, FL 32351 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:	TD	( ) Delete
Name:	SGOUROS, STEPHANIE	
Address:	109 FERNDALE DR	
City-St-Zip:	TALLAHASSEE, FL 32301	
Title:	CEOD	( ) Delete
Name:	CAMPBELL, RICK	
Address:	444 WINDING CREEK ROAD	
City-St-Zip:	QUINCY, FL 32351	
Title:	D	( ) Delete
Name:	KNIGHT, LYNNE	
Address:	1812 SKYLAND DR.	
City-St-Zip:	TALLAHASSEE, FL 32303	
Title:	SD	( ) Delete
Name:	ABRAMS, MELANIE R.	
Address:	1552 COOMBS DR, #2	
City-St-Zip:	TALLAHASSEE, FL 32308	
Title:	D	( ) Delete
Name:	GARDNER, JOANN	
Address:	1749 BEECHWOOD CIR.	
City-St-Zip:	TALLAHASSEE, FL 32301	
Title:	D	( ) Delete
Name:	SIMPSON, JOHN E	
Address:	1553 BLOCKFORD CT E	
City-St-Zip:	TALLAHASSEE, FL 32317	

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:	( ) 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: RICK CAMPBELL CEOD 04/20/2009
Electronic Signature of Signing Officer or Director — Date