

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32526

FILED
Apr 15, 2009
Secretary of State

Entity Name: SCHEER COMMERCE PARK MERCHANTS ASSOCIATION, INC.

Current Principal Place of Business:

2210 DENSTINY WAY #1
ODESSA, FL 33556 US

New Principal Place of Business:

Current Mailing Address:

2210 DENSTINY WAY #1
ODESSA, FL 33556 US

New Mailing Address:

FEI Number: 59-2890876

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEATHERFORD, WILLIAM S
2210 DENSTINY WAY
ODESSA, FL 33556 US

Name and Address of New Registered Agent:

WEATHERFORD, WILLIAM S
2210 DESTINY WAY
ODESSA, FL 33556 US

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: WILLIAM S WEATHERFORD

04/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: GIALLOURAKIS, MICHAEL
Address: 2210 DESTINY WAY
City-St-Zip: ODESSA, FL 33556

Title: PD () Delete
Name: WILLAMS, WEATHERFORD S
Address: 2210 DESTINY WAY
City-St-Zip: ODESSA, FL 33556

Title: VD () Delete
Name: LOVEIL, WILLIAM
Address: 2535 SUCCESS DRIVE
City-St-Zip: ODESSA, FL 33556

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:

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: WILLIAM S WEATHERFORD

PD

04/15/2009

Electronic Signature of Signing Officer or Director

Date