

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32810

FILED
Jul 14, 2005
Secretary of State

Entity Name: NORTH FLORIDA TRES DIAS, INC.

Current Principal Place of Business:

3416 JONATHANS LANDING
TALLAHASSEE, FL 32309 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 10167
TALLAHASSEE, FL 323022167 US

New Mailing Address:

FEI Number: 59-3443498 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ALVIS, DOROTHY L
2432 WINTERGREEN ROAD
TALLAHASSEE, FL 32308 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: DC () Delete
Name: SANGSTER, TOMMY
Address: 83 PERRY ST.
City-St-Zip: CAMILLA, GA 31730

Title: DT () Delete
Name: ALVIS, DOROTHY L
Address: 2432 WINTERGREEN RD.
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: SCHERDIN, BOB
Address: 2996 FOXCROFT DR
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Delete
Name: ARRINGTON, LARRY
Address: 1216 WRIGHT ROAD
City-St-Zip: JACKSONVILLE, FL 32205

Title: DS () Delete
Name: SIMS, CARITA
Address: 2938 LIVINGSTON RD
City-St-Zip: TALLAHASSEE, FL 32303

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DOROTHY L. ALVIS

TREA

07/14/2005

Electronic Signature of Signing Officer or Director

Date