2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

DOCUMENT# N32810

Entity Name: NORTH FLORIDA TRES DIAS, INC.

Current Principal Place of Business:

HWY 136
DOWLING PARK, FL 32060 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 ( )**

Name and Address of Current Registered Agent:

ALVIS, ROBERT E
2432 WINTERGREEN RD
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: THURMOND, J HAROLD
Address: 105 WILD TURKEY CIR
City-St-Zip: CRAWFORDVILLE, FL 32327

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

Title: D ( ) Delete
Name: MASON, BARRY
Address: 175 FRANK PAIS RD
City-St-Zip: HAVANA, FL 32333

Title: D ( ) Delete
Name: PARRAMORE, VIC
Address: 5019 RIVERWOOD RD
City-St-Zip: TALLAHASSEE, FL 32303

Title: DS ( ) Delete
Name: JUNKIN, JAN
Address: 3118 MIDDLEBROOK CIR
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: D (X) Change ( ) Addition
Name: SAPP, SCOTT
Address: 2019 MARYELLEN DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change ( ) Addition
Name: BOUTWELL, DEBRA
Address: 9399 ELGIN ROAD
City-St-Zip: TALLAHASSEE, FL 32305

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: BOB ALVIS DT 04/23/2008

Electronic Signature of Signing Officer or Director — Date