2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36078

FILED Jan 06, 2009 Secretary of State

Entity Name: SECOND AVENUE MERCHANTS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

612 BYRON AVENUE

DAYTONA BEACH, FL 32114 US

Current Mailing Address: New Mailing Address:

612 BYRON AVENUE

DAYTONA BEACH, FL 32114 US

FEI Number: 59-2996433 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HYMES, TURNER
612 BYRON AVENUE

DAYTONA BEACH, FL 32114 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:

Flatherin Circular of Davidson I Anna

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP () Delete Title: P (X) Change () Addition Name: SHEPARD, PERMAN Name: SHEPARD, PERMAN

Address: 104 BIG BEND DRIVE Address: 104 BIG BEND DRIVE
City-St-Zip: DAYTONA BEACH, FL 32117 City-St-Zip: DAYTONA BEACH, FL 32117

Title: TD () Delete Title: () Change () Addition

 Name:
 HYMES, TURNER
 Name:

 Address:
 612 BYRON AVENUE
 Address:

 City-St-Zip:
 DAYTONA BEACH, FL 32114
 City-St-Zip:

 $\label{eq:title:power} \mbox{Title:} \qquad \mbox{P} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{VP} \qquad \mbox{(X) Change () Addition}$

 Name:
 PRIDE, JOHNNY
 Name:
 SINGLETON, ALVIS

 Address:
 350 BETHUNE BLVD
 Address:
 351 BETHUNE BLVD

 City-St-Zip:
 DAYTONA BEACH, FL 32114
 City-St-Zip:
 DAYTONA BEACH, FL 32114

Title: D () Delete Title: D (X) Change () Addition

Name: ROBERTSON, BERNICE Name: JOHNNY, PRIDE

Address: 522 BETHUNE BOULEVARD Address: 550 BETHUNE BOULEVARD City-St-Zip: DAYTONA BEACH, FL 32114 City-St-Zip: DAYTONA BEACH, FL 32114

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: TURNER HYMES T 01/06/2009