2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 31, 2009
Secretary of State

DOCUMENT# N38399

Entity Name: LAND O'LAKES PAL, INC.

Current Principal Place of Business:

BOX 1072
LAND O' LAKES, FL 34639

New Principal Place of Business:

Current Mailing Address:

BOX 1072
LAND O' LAKES, FL 34639

New Mailing Address:

FEI Number: 59-3027842 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHRISTOPHER, MATTHEW J
23116 EMERSON WAY
LAND O' LAKES, FL 34639 US

Name and Address of New Registered Agent:

BEURMANN, GARY W
9709 JASMINE BROOK CIR
LAND O' LAKES, FL 34638 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: GARY W BEURMANN 08/31/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: ED ( ) Delete
Name: CHRISTOPHER, MATTHEW J
Address: 23116 EMERSON WAY
City-St-Zip: LAND O' LAKES, FL 34639

Title: AED ( ) Delete
Name: VONDERAU, JOHN
Address: BOX 1072
City-St-Zip: LAND O' LAKES, FL 34639

Title: SEC ( ) Delete
Name: CHRISTOPHER, JENNIFER
Address: 23116 EMERSON WAY
City-St-Zip: LAND O' LAKES, FL 34639

Title: TRES ( ) Delete
Name: WHITE, DANIEL
Address: BOX 1072
City-St-Zip: LAND O' LAKES, FL 34639

Title: CD ( ) Delete
Name: MONTGOMERY, TERESA
Address: BOX 1072
City-St-Zip: LAND O' LAKES, FL 34639

Title: AD (X) Delete
Name: BEURMANN, GARY
Address: BOX 1072
City-St-Zip: LAND O' LAKES, FL 34639

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ED (X) Change ( ) Addition
Name: BEURMANN, GARY W
Address: 9709 JASMINE BROOK CIR
City-St-Zip: LAND O' LAKES, FL 34638

Title: AED (X) Change ( ) Addition
Name: CHRISTOHER, MATTHEW J
Address: BOX 1072
City-St-Zip: LAND O' LAKES, FL 34639

Title: SEC (X) Change ( ) Addition
Name: CHRISTOPHER, JENNIFER
Address: PO BOX 1072
City-St-Zip: LAND O' LAKES, FL 34639

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: GARY W BEURMANN AD 08/31/2009
Electronic Signature of Signing Officer or Director Date