2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2009
Secretary of State

DOCUMENT# N38642

Entity Name: ECONFINA PEOPLE OF FLORIDA, INC.

Current Principal Place of Business:

2427 HIGHWAY 301
SUMTERVILLE, FL 33585 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1125
LAKE PANASOFFKEE, FL 33538 US

New Mailing Address:

FEI Number: 59-3061575 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WALTERS, TIMOTHY
321 OLD WELCOME RD
LITHIA, FL 33547 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:	ATD	( ) Delete
Name:	PENNINGTON, FAYE	
Address:	P.O BOX 416	
City-St-Zip:	SUMTERVILLE, FL 33585	
Title:	PD	( ) Delete
Name:	WALTERS, TIMOTHY A	
Address:	321 OLD WELCOME ROAD	
City-St-Zip:	LITHIA, FL 33547	
Title:	TSD	( ) Delete
Name:	VANORDER, WENDY R	
Address:	201 E. MAIN STREET	
City-St-Zip:	BRONSON, FL 32621	
Title:	ASD	( ) Delete
Name:	WALTERS, BETTY	
Address:	321 OLD WELCOME RD.	
City-St-Zip:	LITHIA, FL 33547	

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:	

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: WENDY VANORDER TSD 03/08/2009
Electronic Signature of Signing Officer or Director — Date