

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38842

FILED
Mar 25, 2008
Secretary of State

Entity Name: OLD STILL ROAD IMPROVEMENT ASSOCIATION INC.

Current Principal Place of Business:

141 OLD STILL ROAD
CRAWFORDVILLE, FL 32327 US

New Principal Place of Business:

Current Mailing Address:

141 OLD STILL ROAD
CRAWFORDVILLE, FL 32327 US

New Mailing Address:

FEI Number: 59-3025581

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUNBAR, PATRICIA L.
141 OLD STILL ROAD
CRAWFORDVILLE, FL 32327 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: D () Delete
Name: DUNBAR, PATRICIA L.
Address: 141 OLD STILL ROAD
City-St-Zip: CRAWFORDVILLE, FL

Title: ST () Delete
Name: DAVID, JANIS
Address: 121 OLD STILL ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: VP () Delete
Name: SCOTT, RICHARD
Address: 100 OLD STILL ROAD
City-St-Zip: CRAWFORDVILLE, FL

Title: P () Delete
Name: LEWIS, BILL
Address: 25 OLD STILL ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D () Delete
Name: DOYLE, JIMMIE
Address: 112 OLD STILL ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D () Delete
Name: SCHLEGEL, JIM
Address: 131 OLD STILL ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

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:

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: JANIS DAVID

ST

03/25/2008

Electronic Signature of Signing Officer or Director

Date