

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39067

FILED
Apr 05, 2012
Secretary of State

Entity Name: OLD TOWN MERCHANTS, INCORPORATED

Current Principal Place of Business:

5770 W IRLO BRONSON HWY
SUITE 324
KISSIMMEE, FL 34746 US

New Principal Place of Business:

Current Mailing Address:

5770 W IRLO BRONSON HWY
SUITE 324
KISSIMMEE, FL 34746 US

New Mailing Address:

FEI Number: 59-3041454 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LANCE, BOBBY
5770 W IRLO BRONSON HWY
SUITE 324
KISSIMMEE, FL 34746 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: MAL
Name: NADDEO, LARRY
Address: 5770 W. IRLO BRONSON HWY #324
City-St-Zip: KISSIMMEE, FL 34746

Title: TD
Name: CUNNINGHAM, DAVE
Address: 5770 W IRLO BRONSON HWY #324
City-St-Zip: KISSIMMEE, FL 34746

Title: MAL
Name: HERR, GARY
Address: 5770 W IRLO BRONSON HWY #324
City-St-Zip: KISSIMMEE, FL 34746

Title: VP
Name: THOMPSON, CHARLOTTE
Address: 5770 W IRLO BRONSON HWY #324
City-St-Zip: KISSIMMEE, FL 34746

Title: SD
Name: HILL, CHERYL
Address: 5770 W IRLO BRONSON HWY #324
City-St-Zip: KISSIMMEE, FL 34746

Title: P
Name: LANCE, BOBBY
Address: 5770 W IRLO BRONSON HWY #324
City-St-Zip: KISSIMMEE, FL 34746

I hereby 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 all other like empowered.

SIGNATURE: DAVE CUNNINGHAM

TD

04/05/2012

Electronic Signature of Signing Officer or Director

_____ Date