2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39520

Apr 23, 2009 Secretary of State

Entity Name: THE BRANCHES COUNSELOR'S ASSOCIATION, INC.

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

12630 HUNTERS RIDGE DRIVE 9293 KNIGHT RD.

BONITA SPRINGS, FL 34135 BONITA SPRINGS, FL 34135 US

Current Mailing Address: New Mailing Address:

12630 HUNTERS RIDGE DRIVE 9293 KNIGHT RD

BONITA SPRINGS, FL 34135 BONITA SPRINGS, FL 34135 US US

FEI Number: 65-0212497 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:

QUINLAN, JANICE M EARLY, LORRAINE 12630 HUNTERS RIDGE DR. 9293 KNIGHT RD

US BONITA SPRINGS, FL 34135 BONITA SPRINGS, FL 34135 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: LORRAINE EARLY 04/23/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Name:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

QUNILAN, JANICE M EARLY, LORRAINE Name: Name: 12630 HUNTERS RIDGE DR. Address: 9293 KNIGHT RD. Address:

City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: BONITA SPRINGS, FL 34135

Title: DST () Delete Title: (X) Change () Addition BULTEMEIER, WILMER

Name: QUINLAN, JANICE Address: 12630 HUNTERS RIDGE DR. Address: 12630 HUNTERS RIDGE DR.

City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: BONITA SPRINGS, FL 34135

Title: () Delete Title: (X) Change () Addition EARLEY, LORRAINE SMITH, WILLIAM PASTOR Name: Name:

27313 RUE DE PAIX Address: 9293 KNIGHT RD Address: City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: BONITA SPRINGS, FL 34135

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

Name: Name: DALO, NATHAN 13140 PARKLINE DR. Address: Address: City-St-Zip: City-St-Zip: FT. MYERS, FL 33913

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: LORRAINE EARLY DP 04/23/2009