

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44790

FILED
Apr 17, 2009
Secretary of State

Entity Name: THE RED HEART COASTAL MVSOKOKE CLAN, INC.

Current Principal Place of Business:

2131 FAIRCHILD ST
PENSACOLA, FL 32504 US

New Principal Place of Business:

Current Mailing Address:

21251 FARMERS LANE
ROBERTSDALE, AL 36567 US

New Mailing Address:

FEI Number: 59-3220636

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, CHARLES A II
2131 FAIRCHILD ST
PENSACOLA, FL 32504 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: PD () Delete
Name: JONES, CHARLES A II
Address: 21251 FARMERS LANE
City-St-Zip: ROBERTSDALE, AL 36567

Title: VD () Delete
Name: WHITEFOX-STALL, BILLY
Address: 1110 W 10TH COURT
City-St-Zip: PANAMA CITY, FL 32405

Title: SD () Delete
Name: JONES, DEBORAH L
Address: 21251 FARMERS LANE
City-St-Zip: ROBERTSDALE, AL 36567 US

Title: TD () Delete
Name: JONES, DEBORAH L
Address: 21251 FARMERS LANE
City-St-Zip: ROBERTSDALE, AL 36567

Title: DC () Delete
Name: JONES, CHARLES A SR
Address: 21253 FARMERS LANE
City-St-Zip: ROBERTSDALE, AL 36567

Title: D () Delete
Name: HUNT, PATRICIA
Address: 2131 FAIRCHILD ST
City-St-Zip: PENSACOLA, FL 32504

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
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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: CHARLES A. JONES II

PD

04/17/2009

Electronic Signature of Signing Officer or Director

Date