2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45603

FILED Jan 31, 2009 Secretary of State

Entity Name: SUGAR BEACH SERTOMA, INC.

Current Principal Place of Business: New Principal Place of Business: P.O. BOX 4384 157 BROOKS STREET FORT WALTON BEACH, FL 32549 FORT WALTON BEACH, FL 32548 **Current Mailing Address: New Mailing Address:** P.O. BOX 4384 FORT WALTON BEACH, FL 32549 FEI Number: 59-2956758 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: VANBERGEN, JEAN VAN BERGEN, JEAN 1501 N PARTÍN DR 1501 PARTIN DRIVE NORTH **UNIT 125 UNIT 125** NICEVILLE, FL 32578 US NICEVILLE, FL 32578 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: JEAN VAN BERGEN 01/31/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: VD () Delete () Change () Addition BONHAM, MARGARET Name: Name: 602 CINCO TERRACE Address: Address: City-St-Zip: FORT WALTON BEACH, FL 32547 City-St-Zip: Title: PD () Delete Title: () Change () Addition GAINES, SUZANNE Name: Name: Address: 1819 COTTON TREE CT Address: City-St-Zip: FORT WALTON BEACH, FL 32547 City-St-Zip: Title: () Delete Title: () Change () Addition HUSON, ROGER Name: Name: 33 MAPLE AVE Address: Address: City-St-Zip: SHALIMAR, FL 32579 City-St-Zip: (X) Change () Addition Title: () Delete Title: SPENCER, HELEN SPENCER, HELEN Name: Name: 304 NW OAKLAND CIRCLE Address: 304 NW OAKLAND CIRCLE D Address: City-St-Zip: FORT WALTON BEACH, FL 32548 City-St-Zip: FORT WALTON BEACH, FL 32548 Title: () Delete Title: (X) Change () Addition VANBERGEN, JEAN VAN BERGEN, JEAN Name: Name: 1501 N. PARTIN DR UNIT 125 1501 PARTIN DR IVE NORTH, UNIT 125 Address: Address: City-St-Zip: NICEVILLE, FL 32578 City-St-Zip: NICEVILLE, FL 32578 Title: () Delete Title: () Change () Addition HENSON, EDNA Name: Name: Address: 45 MEMORIAL PARKWAY Address: FORT WALTON BEACH, FL 32548 City-St-Zip: 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: JEAN VAN BERGEN T 01/31/2009