

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46167

FILED
Jan 19, 2009
Secretary of State

Entity Name: MCBT ROAD MAINTENANCE ASSOCIATION, INC.

Current Principal Place of Business:

3660 LAS BRISAS ST
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

3660 LAS BRISAS ST
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number: 59-3094741

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUDOLPH, JOHN A., JR.
5653 TORTOISE CROSSING
TALLAHASSEE, FL 32309 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: VPD () Delete
Name: RUDOLPH, RHESA
Address: 5653 TORTOISE CROSSING
City-St-Zip: TALLAHASSEE, FL 32309

Title: TD () Delete
Name: MANAUSA, MICHAEL
Address: 3660 LAS BRISAS ST
City-St-Zip: TALLAHASSEE, FL 32309

Title: SD () Delete
Name: ELLISON, LINDA
Address: 3708 LK CHARLES DR
City-St-Zip: TALLAHASSEE, FL 32309

Title: P () Delete
Name: MILLARD, PENNY
Address: 3632 MOODY TRL
City-St-Zip: TALLAHASSEE, FL 32309

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: P (X) Change () Addition
Name: DRAKE, VAN
Address: 3701 LAKE CHARLES DR.
City-St-Zip: TALLAHASSEE, FL 32309

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: MICHAEL MANAUSA

TD

01/19/2009

Electronic Signature of Signing Officer or Director

Date