

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47074

FILED
Jan 10, 2009
Secretary of State

Entity Name: ATHEISTS OF FLORIDA, INC.

Current Principal Place of Business:

P.O. BOX 130753
TAMPA, FL 33681 US

New Principal Place of Business:

3614 S MANHATTAN AVE
TAMPA, FL 33629 US

Current Mailing Address:

3510 S MACDILL AVE
TAMPA, FL 33629 US

New Mailing Address:

P.O. BOX 130753
TAMPA, FL 33681 US

FEI Number: 65-0311920

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLLY, ED
3510 S MCDILL AVE
TAMPA, FL 33629 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: CT () Delete
Name: GOLLY, ED
Address: 3510 S. MACDILL AVENUE
City-St-Zip: TAMPA, FL

Title: P () Delete
Name: SCOTT, JULIA
Address: 600 STARKEY ROAD, #816
City-St-Zip: LARGO, FL 33771

Title: C () Delete
Name: CURRY, ROBERT
Address: 509 39TH AVENUE N
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: V () Delete
Name: KIEFFER, JOHN
Address: PO BOX 342754
City-St-Zip: TAMPA, FL 336942754

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, T (X) Change () Addition
Name: GOLLY, ED
Address: 3510 S MACDILL AVENUE
City-St-Zip: TAMPA, FL 33629

Title: S (X) Change () Addition
Name: SCOTT, JULIA
Address: 600 STARKEY ROAD, #816
City-St-Zip: LARGO, FL 33771

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: KIEFFER, JOHN
Address: PO BOX 342754
City-St-Zip: TAMPA, FL 336942754

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: ED GOLLY

P

01/10/2009

Electronic Signature of Signing Officer or Director

Date