

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47201

FILED  
Apr 02, 2009  
Secretary of State

Entity Name: DAMAYAN, INC.

**Current Principal Place of Business:**

1401 HIGH ROAD  
TALLAHASSEE, FL 32304 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 38401  
TALLAHASSEE, FL 323158401 US

**New Mailing Address:**

FEI Number: 59-3113153

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GEORGE, NANCY  
254 MERIDIANNA DRIVE  
TALLAHASSEE, FL 32312 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: D ( ) Delete  
Name: GEORGE, SEASON  
Address: 61 MYSTERIOUS WATERS  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D ( ) Delete  
Name: TAYLOR, BILL  
Address: 228 E LAKE LN  
City-St-Zip: QUINCY, FL 32351

Title: D ( ) Delete  
Name: TAYLOR, JODY  
Address: 228 E LAKE LN  
City-St-Zip: QUINCY, FL 32351

Title: D ( ) Delete  
Name: GEORGE, SIERRA  
Address: 521 CONRADY STREET  
City-St-Zip: TALLAHASSEE, FL 32306

Title: D ( ) Delete  
Name: PHIPPS, LAURA  
Address: RT 9 BOX 195  
City-St-Zip: TALLAHASSEE, FL 32304

Title: D ( ) Delete  
Name: FELLER, DANIELLE  
Address: 2534 NOBLE DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308

**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  
Name:  
Address:  
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: NANCY GEORGE

MS

04/02/2009

Electronic Signature of Signing Officer or Director

Date