

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48923

FILED
Apr 13, 2009
Secretary of State

Entity Name: FLORIDA ADLERIAN SOCIETY, INC.

Current Principal Place of Business:

2111 WEST SWANN
SUITE 104
TAMPA, FL 33606 US

New Principal Place of Business:

Current Mailing Address:

2111 WEST SWANN
SUITE 104
TAMPA, FL 33606 US

New Mailing Address:

FEI Number: 59-3142579 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

EVANS, TIMOTHY
2810 WYOMING AVE
TAMPA, FL 33611 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: HADDAK, NICOLA
Address: 1504 39TH AVENUE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: TD () Delete
Name: PERGAMENT RUNYON, LISA
Address: 1807 DIR GEORGE TRAIL
City-St-Zip: LAKELAND, FL 33809

Title: VPD () Delete
Name: GAINFORTH, RANDALL
Address: 5616 OAKLAND DR
City-St-Zip: TAMPA, FL 33617

Title: D () Delete
Name: EVANS, TIM
Address: 2810 WYOMING AVE.
City-St-Zip: TAMPA, FL 33611

Title: PD () Delete
Name: CARTER, GERI
Address: 2810 WYOMING AVE
City-St-Zip: TAMPA, FL 33611

Title: D () Delete
Name: CONROY, CHARLA
Address: 1403 GOLDEN SQUIRREL WAY
City-St-Zip: SEFFNER, FL 33584

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: D (X) Change () Addition
Name: POORE-CONROY, CHARLA
Address: 1403 GOLDEN SQUIRREL WAY
City-St-Zip: SEFFNER, FL 33584

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: CHARLA POORE-CONROY

D

04/13/2009

Electronic Signature of Signing Officer or Director

Date