2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49730

FILED Feb 03, 2008 Secretary of State

Entity Name: OLD WIRE FARMS OWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 441 SW HOMESTEAD CIR FORT WHITE, FL 32038 US **Current Mailing Address: New Mailing Address:** 441 SW HOMESTEAD CIR P O BOX 715 FORT WHITE, FL 32038 US FORT WHITE, FL 32038 US FEI Number: 59-3017220 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WEATHERS, JIMMIE 441 SW HOMESTEAD CIR. FORT WHITE, FL 32038 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **PRES** () Delete (X) Change () Addition KISH, MICHAEL MILLER, JOHN W Name: Name: P O BOX 851 Address: 938 S W HOMESTEAD CIRCLE Address: City-St-Zip: FORT WHITE, FL 32038 US City-St-Zip: FORT WHITE, FL 32038 US Title: V.PR () Delete Title: () Change () Addition BAILEY, MICHAEL Name: Name: Address: 1299 S W HOMESTEAD CIR Address: City-St-Zip: FORT WHITE, FL 32038 US City-St-Zip: Title: SECR () Delete Title: () Change () Addition HOPPER, TAMARA Name: Name: 1562 S W HOMESTEAD CIR. Address: Address: City-St-Zip: FORT WHITE, FL 32038 US City-St-Zip: () Delete Title: TREA Title: TREA (X) Change () Addition Name: WEATHERS, JIMMIE Name: WEATHERS, JIMMIE E TREAS. 441 S W HOMESTEAD CIR Address: 441 S W HOMESTEAD CIR Address: City-St-Zip: FT. WHITE, FL 32038 US City-St-Zip: FT. WHITE, FL 32038 US Title: () Delete Title: () Change (X) Addition KISH, MICHAEL DIRECTO Name: Name: Address: Address: P O BOX 851 City-St-Zip: City-St-Zip: FT. WHITE, FL 32038 Title: () Delete Title: () Change (X) Addition WEATHERS, JACK Name: Name: Address: Address: 441 S W HOMESTEAD CIRCLE FT. WHITE, FL 32038 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: JIMMIE E. WEATHERS TREA 02/03/2008