


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N92000000120 1. Entity Name THE FLORIDA FEDERATION OF THE THEOSOPHICAL SOCIETY IN AMERICA, INC.	
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Principal Place of Business 5974 WILLOW BRIDGE LOOP ELLENTON, FL 34222	Mailing Address 5974 WILLOW BRIDGE LOOP ELLENTON, FL 34222
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01052008 No Chg-NP CR2E037 (4/06)

4. FEI Number 23-7015219	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SNOW-CLEWELL, JUDITH
5974 WILLOW BRIDGE LOOP
ELLENTON, FL 34222**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

00000858226
04/01/08-80037-001 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SNOW-CLEWELL, JUDITH 5974 WILLOW BRIDGE LOOP ELLENTON, FL 34222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOKHTAR, MOHAMED 12581 81ST AVE N SEMINOLE, FL 33776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHAVE, BARBARA 1536 40TH AVE VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JORDAN, GINGER 722 WENTWORTH ST SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2V MCKAY, TEDDIE 906 HEMLOCK ST BAREFOOT BAY, FL 32978
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Judith Snow-Clewell* Judith Snow-Clewell *03/11/08*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # (941) 531-3879