

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000453

FILED
Jan 12, 2009
Secretary of State

Entity Name: NO. 1768 FRATERNAL HOME ASSOCIATION OF SAN ANTONIO, FLORIDA, INC.

Current Principal Place of Business:

11549 CURLEY RD
SAN ANTONIO, FL 33576 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 255
SAN ANTONIO, FL 33576 US

New Mailing Address:

FEI Number: 59-3178638 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

NEWLON, JOSEPH A
12146 CURLEY ST
SAN ANTONIO, FL 33576 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: VD () Delete
Name: SCHAMBEAU, JERRY
Address: PO BOX 207 (13146 JUBILEE RD)
City-St-Zip: SAN ANTONIO, FL

Title: PD () Delete
Name: SESSA, SAM
Address: P.O. BOX 407 (12051 CURLEY ST)
City-St-Zip: SAN ANTONIO, FL

Title: SD () Delete
Name: BARTHLE, RANDY
Address: 26345 BAYHEAD ROAD
City-St-Zip: DADE CITY, FL

Title: D () Delete
Name: BARTHLE, MARK
Address: 17899 BELLAMY BROTHERS BLVD
City-St-Zip: DADE CITY, FL

Title: D () Delete
Name: ARSENAULT, GENE
Address: 5825 WINDTREE DRIVE
City-St-Zip: ZEPHYRHILLS, FL

Title: TD () Delete
Name: SCHAMBEAU, JOSEPH
Address: 35324 BLANTON ROAD
City-St-Zip: DADE CITY, FL 33523

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:

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: JOSEPH SCHAMBEAU

TD

01/12/2009

Electronic Signature of Signing Officer or Director

Date