

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000246

FILED  
Jan 12, 2009  
Secretary of State

Entity Name: FLORIDA SIDS ALLIANCE, INC.

## Current Principal Place of Business:

4185 WEST LAKE MARY BLVD. #169  
LAKE MARY, FL 32746 US

## New Principal Place of Business:

## Current Mailing Address:

4185 WEST LAKE MARY BLVD. #169  
LAKE MARY, FL 32746 US

## New Mailing Address:

FEI Number: 52-1747597

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HAMER, BUNNY D  
2176 ALAQUA DRIVE  
LONGWOOD, FL 32779 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: VTD ( ) Delete  
Name: HAMER, BUNNY D  
Address: 2176 ALAQUA DRIVE  
City-St-Zip: LONGWOOD, FL 32779

Title: PD ( ) Delete  
Name: BAGLEY, ROY  
Address: 14 CHARLONATE DRIVE  
City-St-Zip: GRAY, ME 03949

Title: SD ( ) Delete  
Name: SCULLEY, LISA  
Address: 1000 LEE STREET  
City-St-Zip: STARKE, FL 32091

Title: D ( ) Delete  
Name: LANHAM, JUDY  
Address: 12199 SUNCHASE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32246

Title: D ( ) Delete  
Name: MELCHER, CHARLENE  
Address: 1574 AMARYLLIS CIRCLE  
City-St-Zip: ORLANDO, FL 32825

Title: D ( ) Delete  
Name: SIMON, HELENE  
Address: 481 TOPEKA RD SW  
City-St-Zip: PALM BAY, FL 32908

## 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: D (X) Change ( ) Addition  
Name: LANHAM, JUDY  
Address: 3737 SAINT JOHNS BLUFF ROAD #2311  
City-St-Zip: JACKSONVILLE, FL 32224

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: BUNNY D. HAMER

VTD

01/12/2009

Electronic Signature of Signing Officer or Director

Date