

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001845

FILED
Feb 03, 2009
Secretary of State

Entity Name: ADONIS FAMILY FARM, INC.

Current Principal Place of Business:

1456 LYNWOOD AVE.
FORT MYERS, FL 33901 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2134
FORT MYERS, FL 33902 US

New Mailing Address:

FEI Number: 65-0426715

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMERON, BETH PRES.
5709 STONEHAVEN DR.
NORTH FT. MYERS, FL 33903 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: P () Delete
Name: CAMERON, BETH
Address: 5709 STONEHAVEN DR.
City-St-Zip: NORTH FT. MYERS, FL 33903

Title: VP () Delete
Name: ANDERSON, GLENDA
Address: 2350 HOOPLE ST.
City-St-Zip: FORT MYERS, FL 33901

Title: T () Delete
Name: WALSH, T.J.
Address: 8060 COLLEGE PKWY
City-St-Zip: FT. MYERS, FL 33919

Title: S () Delete
Name: MEYER, KATHY
Address: 28280 PINE HAVEN WAY #93
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: SCHWAB, DIANE
Address: 14342-C HARBOUR LANDINGS
City-St-Zip: FT. MYERS, FL 33908

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: BETH CAMERON

PRES

02/03/2009

Electronic Signature of Signing Officer or Director

Date