2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004459

FILED Apr 06, 2009 Secretary of State

Entity Nan	ne: FLORIBE	ST, INC.				•
Current Principal Place of Business:				New Principal Place of Business:		
728 N. EGL FT WALTC	LIN PKY. DN BEACH, FL	32547		728 N. EGLIN PKY. FT WALTON BEACH, I	FL 32547	US
Current Mailing Address:				New Mailing Address:		
728 N. EGL FT WALTC	IN PKY. NN BEACH, FL	32547		728 N. EGLIN PKY. FT WALTON BEACH, I	FL 32547	US
FEI Number:	59-3206339	FEI Number Applied For ()	FEI Nun	nber Not Applicable ()	Certificate	e of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
	IN PKY. N BEACH, FL named entity s	32547 US ubmits this statement for the	purpose o	f changing its registered	office or re	gistered agent, or both,
SIGNATUR	RE:					
Electronic Signature of Registered Agent					D	ate
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	MALT, GEORGE 728 N. EGLIN P			Title: 0 Name: Address: City-St-Zip:	() Change() Addition
Title: Name: Address: City-St-Zip:	TISA, JEANNE 730 N EGLIN PI	Delete (Y BEACH, FL 32547		Title: (Name: Address: City-St-Zip:	() Change() Addition
Title: Name: Address:	T () TISA, MARK 730 N EGLIN PI	Delete		Title: (Name: Address:	() Change() Addition

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.

City-St-Zip:

SIGNATURE: GEORGE W. MALT PD 04/06/2009

FORT WALTON BEACH, FL 32547

City-St-Zip: