

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000913

FILED
Mar 25, 2009
Secretary of State

Entity Name: SHOWMEN'S ASSOCIATION CHARITIES CORPORATION

Current Principal Place of Business:

6915 RIVERVIEW DR.
RIVERVIEW, FL 33578 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 188
GIBSONTON, FL 33534

New Mailing Address:

FEI Number: 59-3283862

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SAXON, BERNICE S ESQ.
101 E. KENNEDY BLVD.
SUITE 3200
TAMPA, FL 33602 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: PD () Delete
Name: MYERS, GLORIA
Address: 8807 RIVERLACHEN
City-St-Zip: RIVERVIEW, FL 33578 US

Title: TD () Delete
Name: SIKES, CAROL J
Address: 6111 PALM AVE.
City-St-Zip: GIBSONTON, FL 33534 US

Title: VD () Delete
Name: STARKEY, DELORES
Address: 7715 RIVERVIEW DR
City-St-Zip: RIVERVIEW, FL 33578 US

Title: SD () Delete
Name: GAGNE, ROLAND
Address: 2609 IRENE ST
City-St-Zip: LUTZ, FL 33549 US

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:

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: CAROL J. SIKES

TD

03/25/2009

Electronic Signature of Signing Officer or Director

Date