2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# N94000003746

Entity Name: SILVER RIVER MENTORING AND INSTRUCTION, INC.

Current Principal Place of Business:

2500 SE 44 CT.
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

% 121 NW THIRD ST
OCALA, FL 34475

New Mailing Address:

FEI Number: 65-0509268 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIMONS, GARY C
%SAVAGE KRIM LAW FIRM
121 NW THIRD ST
OCALA, FL 34475 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:	D	( ) Delete
Name:	SIMONS, GARY	
Address:	121 NW 3RD ST	
City-St-Zip:	OCALA, FL 34475	
Title:	VC	( ) Delete
Name:	WRAY, DAN	
Address:	1126 SE 5TH ST.	
City-St-Zip:	OCALA, FL 34471	
Title:	PC	( ) Delete
Name:	YOUNG, DAVID	
Address:	1243 SE 22 AVE	
City-St-Zip:	OCALA, FL 34471	
Title:	D	( ) Delete
Name:	TUTT, WAYNE	
Address:	16775 SE 115TH AVE	
City-St-Zip:	WEIRSDALE, FL 32195	
Title:	ST	( ) Delete
Name:	NEBESNYK, MICHAEL	
Address:	2500 SE 44 CT.	
City-St-Zip:	OCALA, FL 34471	
Title:	D	( ) Delete
Name:	MOSES, PATRICK	
Address:	2335 SE 7TH ST	
City-St-Zip:	OCALA, FL 34471	

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:	
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: GARY C. SIMONS D 01/06/2009

Electronic Signature of Signing Officer or Director — Date