## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N94000004124

FILED Apr 21, 2008 Secretary of State

Entity Name: AMAZON BASIN BENEVOLENT ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** C/O BRYAN KELLER 3332 JUNIPER DRIVE EDGEWATER, FL 32141 **Current Mailing Address: New Mailing Address:** C/O BRYAN KELLER. C/O BRYAN KELLER 3332 JUNIPER DRIVE P.O. BOX 1484 EDGEWATER, FL 32132 EDGEWATER, FL 32141 FEI Number: 59-3262794 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BRYAN, KELLER 3332 JÚNIPER DRIVE US EDGEWATER, FL 32141 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete () Change () Addition LAWRENCE, POUCHER Name: Name: 2506 NORDMAN Address: Address: City-St-Zip: NEW SMYRNA BEACH, FL 32168 City-St-Zip: Title: DS () Delete Title: () Change () Addition Name: JOHN, TRIPLETT Name: Address: 2629 WILLOW OAK DRIVE Address: City-St-Zip: EDGEWATER, FL 32141 City-St-Zip: Title: DT () Delete Title: (X) Change ( ) Addition CARL, SCHELL E Name: CARL, SCHELL E Name: 3332 JUNIPER DRIVE 25 YORK STREET Address: Address: City-St-Zip: EDGEWATER, FL 32141 City-St-Zip: HEUVELTON, NY 13654 Title: DP () Delete Title: () Change () Addition Name: KELLER, BRYAN Name: 3332 JUNIPER DRIVE Address: Address: City-St-Zip: EDGEWATER, FL 32141 City-St-Zip: Title: Title: ( ) Delete () Change () Addition COVERDALE, JAMES Name: Name: 2534 SELLECK AVE Address: Address: City-St-Zip: NEW SMYRNA BEACH, FL 32168 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: CARL E. SCHELL DT 04/21/2008