



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2008 8:00 am**  
**Secretary of State**

02-13-2008 90029 045 \*\*\*\*70.00

<b>DOCUMENT # N94000004720</b>					
<b>1. Entity Name</b> COUNTRY SWINGERS, INC.					
<b>Principal Place of Business</b> 72 VENETIAN PARKWAY LAKE PLACID, FL 33852 US			<b>Mailing Address</b> 72 VENETIAN PARKWAY LAKE PLACID, FL 33852 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 72 VENETIAN PARKWAY Suite, Apt. #, etc.		<b>3. Mailing Address</b> 72 VENETIAN PARKWAY Suite, Apt. #, etc.			
<b>City &amp; State</b> LAKE PLACID, FL		<b>City &amp; State</b> LAKE PLACID, FL		<b>4. FEI Number</b> 65-0515509	
<b>Zip</b> 33852		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> SHEEHAN, MARIA C 72 VENETIAN PARKWAY LAKE PLACID, FL 33852			<b>7. Name and Address of New Registered Agent</b> Name: MARIA SHEEHAN Street Address (P.O. Box Number is Not Acceptable): 72 VENETIAN PARKWAY City: LAKE PLACID FL Zip Code: 33852		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE: <u>Maria Sheehan, Treasurer</u> <span style="float: right;">2-10-08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> VP <b>NAME</b> LOOMIS, BONNIE <b>STREET ADDRESS</b> 2 PINETREE CT. <b>CITY-ST-ZIP</b> LAKE PLACID, FL 33852	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b> Liz Blood <b>STREET ADDRESS</b> 1556 CARIBBEAN ROAD <b>CITY-ST-ZIP</b> SEBRING, FL 33872	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> PD <b>NAME</b> WOOLLACOTT, DICK <b>STREET ADDRESS</b> 168 PARKVIEW CIRCLE <b>CITY-ST-ZIP</b> LAKE PLACID, FL 33852	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b> ANN McDIFFIT <b>STREET ADDRESS</b> 3118 SPINKS ROAD <b>CITY-ST-ZIP</b> SEBRING, FL 33857	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> S <b>NAME</b> BEHUN, MONICA <b>STREET ADDRESS</b> 2231 ALLIGATON ALLEY <b>CITY-ST-ZIP</b> WAUCHULA, FL 33873	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> T <b>NAME</b> SHEEHAN, MARIA C <b>STREET ADDRESS</b> 72 VENETIAN PARKWAY <b>CITY-ST-ZIP</b> LAKE PLACID, FL 33852	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> BAYLESS, DIANE & GORDON <b>STREET ADDRESS</b> 5931 HAMMOCK RD. <b>CITY-ST-ZIP</b> SEBRING, FL 33872	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b> DIANE GORDON <b>STREET ADDRESS</b> 5931 HAMMOCK ROAD <b>CITY-ST-ZIP</b> SEBRING, FL 33872	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> KELLY, CAROL A <b>STREET ADDRESS</b> 2320 JACKSON HTS. DRIVE <b>CITY-ST-ZIP</b> SEBRING, FL 33870	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <u>Maria Sheehan</u> <span style="float: right;">2-10-08 863465-2327</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					