2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004720

Name:

Title:

Title:

Name:

Name:

Address: City-St-Zip:

Address:

City-St-Zip:

SHEEHAN, MARIA C

GORDON, DIANE

KELLY, CAROL A

5931 HAMMOCK RD

SEBRING, FL 33872

72 VENETIAN PARKWAY

LAKE PLACID, FL 33852

() Delete

() Delete

Entity Name: COUNTRY SWINGERS, INC.

FILED Feb 06, 2009 Secretary of State

| Current Principal Place of Business: | | | New Prince | New Principal Place of Business: | | |
|---|--|----------------------------------|---|--|--------------------------------------|--|
| | AN PARKWAY CID, FL 33852 | US | | | | |
| Current Mailing Address: | | | New Maili | New Mailing Address: | | |
| | AN PARKWAY CID, FL 33852 | US | | | | |
| FEI Number: 65-0515509 | | FEI Number Applied For () | FEI Number Not Applicable () | | Certificate of Status Desired (X) | |
| Name and Address of Current Registered Agent: | | | | Name and Address of New Registered Agent: | | |
| SHEEHAN, MARIA C 72 VENETIAN PARKWAY LAKE PLACID, FL 33852 US | | | | | | |
| The above in the State | | ubmits this statement for the pu | ırpose of changing i | ts registered | office or registered agent, or both, | |
| SIGNATUR | RE: | | | | | |
| Electronic Signature of Registered Agent | | | nt | | Date | |
| OFFICERS AND DIRECTORS: | | | ADDITION | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | |
| Title: Name: Address: City-St-Zip: | VP () I LOOMIS, BONNI 2 PINETREE CT LAKE PLACID, F | | Title: Name: Address: City-St-Zip: | VP (SILVER, JAN 323 BOBWHI SEBRING, FL | TE DRIVE. | |
| Title: Name: Address: City-St-Zip: | PD () WOOLLACOTT, 168 PARKVIEW LAKE PLACID, F | CIRCLE | Title: Name: Address: City-St-Zip: | KELLY, CAR | ON HTS. DRIVE | |
| Title: Name: Address: City-St-Zip: | S () I BEHUN, MONICA 2231 ALLIGATOI WAUCHULA, FL | N ALLEY | Title: Name: Address: City-St-Zip: | (| () Change() Addition | |
| Title: | T () | Delete | Title: | (| () Change () Addition | |

Address: 2320 JACKSON HTS. DRIVE Address: TWO PINE TREE COURT SEBRING, FL 33870 LAKE PLACID, FL 33852 City-St-Zip: 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.

Name:

Title:

Title:

Name:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: MARIA SHEEHAN Τ 02/06/2009

(X) Change () Addition

(X) Change () Addition

BAYLESS, DIANE

LOOMIS, BONNIE

5931 HAMMOCK RD

SEBRING, FL 33872