

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000273

Entity Name: SOCIETY OF HOSTS, INC.

FILED
Jan 07, 2005
Secretary of State

Current Principal Place of Business:

1 CHAMPIONS WAY
STE 4100, FSU
TALLAHASSEE, FL 323062541 US

New Principal Place of Business:

Current Mailing Address:

1 CHAMPIONS WAY
STE 4100, FSU
TALLAHASSEE, FL 323062541 US

New Mailing Address:

FEI Number: 59-3285467

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RISCIGNO, JIM
2120 E RANDOLPH CIR
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

RISCIGNO, JIM
3607 DONEGAL DRIVE
TALLAHASSEE, FL 32309 US

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: JIM RISCIGNO

01/07/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: HUBSCHMITT, PETE
Address: 3760 BOBBIN MILL RD
City-St-Zip: TALLAHASSEE, FL 32312

Title: DT () Delete
Name: RISCIGNO, JIM
Address: 1 CHAMPIONS WAY, STE 4100, FSU
City-St-Zip: TALLAHASSEE, FL 323062541 US

Title: DP () Delete
Name: O'HARA, JEFFREY
Address: 1216 LOUISIANA AVE
City-St-Zip: NEW ORLEANS, LA 70115

Title: DS () Delete
Name: MONTGOMERY, GAIL
Address: RT 3 BOX 47
City-St-Zip: MONTICELLO, FL 32344

Title: D () Delete
Name: OHLIN, JANE
Address: 1 CHAMPIONS WAY, STE 4100, FSU
City-St-Zip: TALLAHASSEE, FL 323062541 US

Title: D () Delete
Name: BOSSELMAN, BOB
Address: 1 CHAMPIONS WAY, STE 4100, FSU
City-St-Zip: TALLAHASSEE, FL 323062541 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DV (X) Change () Addition
Name: HOARE, CHARLIE
Address: 4573 LOUVINIA CT.
City-St-Zip: TALLAHASSEE, FL 32311

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 for the exemption stated in Section 119.07(3)(i), 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: JIM RISCIGNO

DT

01/07/2005

Electronic Signature of Signing Officer or Director

Date