

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000273

Entity Name: SOCIETY OF HOSTS, INC.

FILED  
Mar 23, 2009  
Secretary of State

## Current Principal Place of Business:

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

## Current Mailing Address:

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

## New Principal Place of Business:

288 CHAMPIONS WAY  
UCB4107, FSU  
TALLAHASSEE, FL 323062541 US

## New Mailing Address:

288 CHAMPIONS WAY  
UCB4107, FSU  
TALLAHASSEE, FL 323062541 US

FEI Number: 59-3285467

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

OHLIN, JANE  
2843 FITZPATRICK DRIVE  
TALLAHASSEE, FL 32309 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: DV ( ) Delete  
Name: BURR, CHRIS  
Address: 1241 ADAMS STREET  
City-St-Zip: BOSTON, MA 02124

Title: DS ( ) Delete  
Name: BUDZIUS, JANINE M  
Address: 717 TORY LANE  
City-St-Zip: PHOENIXVILLE, PA 19035 US

Title: DP ( ) Delete  
Name: JOHNSON, AMY  
Address: 900 WESTSCOTT LANE NE  
City-St-Zip: ATLANTA, GA 30319

Title: DT ( ) Delete  
Name: WILLIAMS, DAVID  
Address: 11670 CR 207W  
City-St-Zip: OXFORD, FL 34484

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: BURR, CHRIS  
Address: 1241 ADAMS STREET  
City-St-Zip: BOSTON, MA 02124

Title: DV (X) Change ( ) Addition  
Name: BUDZIUS, JANINE M  
Address: 717 TORY LANE  
City-St-Zip: PHOENIXVILLE, PA 19035 US

Title: DS (X) Change ( ) Addition  
Name: MONNIER, PAMELA I  
Address: 6563 MAN O WAR TRL  
City-St-Zip: TALLAHASSEE, FL 32309

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: PAMELA I. MONNIER

DS

03/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date