

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004562

FILED
Apr 30, 2009
Secretary of State

Entity Name: FEISTY ACRES INC.

Current Principal Place of Business:

4493 NE 147TH CT.
WILLISTON, FL 32696 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 693
WILLISTON, FL 32696 US

New Mailing Address:

FEI Number: 59-3355961

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ANDERSON, DANIEL S
18051 NW 160TH AVE
WILLISTON, FL 32696 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: P () Delete
Name: NUTE, EDNA M
Address: 4493 NE 147TH COURT
City-St-Zip: WILLISTON, FL 32696

Title: V () Delete
Name: ANDERSON, DEMITA G
Address: 18051 NW 160TH AVE.
City-St-Zip: WILLISTON, FL 32696

Title: V () Delete
Name: PAIGE, DEBBIE
Address: 2396 NE 54TH PLACE
City-St-Zip: OCALA, FL 34479

Title: S () Delete
Name: DONNELLY, SHARON
Address: 4667 NE 140TH CT
City-St-Zip: BRONSON, FL 32621

Title: T () Delete
Name: THOMPSON, PAT
Address: 6049 NE 87TH AVE
City-St-Zip: BRONSON, FL 32621

Title: D () Delete
Name: ALBANO, LYDIA
Address: 13545 NE 38TH AVE.
City-St-Zip: ANTHONY, FL 32617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: T (X) Change () Addition
Name: FALCONE, SHARON
Address: 4525 NE 10TH ST
City-St-Zip: OCALA, FL 34470

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: EDNA M NUTE

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date