2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007
Secretary of State

DOCUMENT# N96000000003

Entity Name: OUR COUNTRY DAY, INC.

Current Principal Place of Business:

201 LAWRENCE BLVD.
KEYSTONE HEIGHTS, FL 32656

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2016
KEYSTONE HEIGHTS, FL 32656 US

New Mailing Address:

FEI Number: 59-3355142 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARDAGE, KATHYLEEN
6975 GATORBONE ROAD
KEYSTONE HEIGHTS, FL 32656 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:	T/S	( ) Delete
Name:	HARDAGE, KATHYLEEN	
Address:	6975 GATORBONE RD	
City-St-Zip:	KEYSTONE HEIGHTS, FL 32656	
Title:	D	( ) Delete
Name:	SAPP, JANEAN	
Address:	7670 CHARLOTTE RD	
City-St-Zip:	KEYSTONE HEIGHTS, FL 32656	
Title:	D	( ) Delete
Name:	HARDAGE, LEE	
Address:	6975 GATORBONE ROAD	
City-St-Zip:	KEYSTONE HEIGHTS, FL 32656	
Title:	D	( ) Delete
Name:	PAYNE, DAVID	
Address:	5727 COUNTY ROAD 352	
City-St-Zip:	KEYSTONE HEIGHTS, FL 32656	
Title:	D	( ) Delete
Name:	HIGGINBOTHAM, MIKE	
Address:	7471 BIG BEND CT	
City-St-Zip:	KEYSTONE HEIGHTS, FL 32656	
Title:	D	( ) Delete
Name:	WELBORN, BECKY	
Address:	PO BOX 122	
City-St-Zip:	KEYSTONE HEIGHTS, FL 32656	

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:	( ) 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: KATHYLEEN HARDAGE T/S 04/25/2007

Electronic Signature of Signing Officer or Director — Date