

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000003

FILED  
Apr 13, 2009  
Secretary of State

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: 7638 GRAND MESA  
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: 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: D (X) Change ( ) Addition  
Name: PREZKUTA, HEATHER  
Address: 6910 IMMOKALEE ROAD  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

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

04/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date