2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N97000003347

Entity Name: SOUTHEAST BENEVOLENT AND MANAGEMENT ASSOCIATION, INC.

Current Principal Place of Business:

6423 HAMILTON BRIDGE ROAD
MILTON, FL 32570

New Principal Place of Business:

Current Mailing Address:

6423 HAMILTON BRIDGE ROAD
MILTON, FL 32570

New Mailing Address:

FEI Number: 59-3620714 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STAUFFER, SEAN P
6423 ERMINE LN
MILTON, FL 32583 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:	MARS, DEWEY W	
Address:	6423 HAMILTON BRIDGE ROAD	
City-St-Zip:	MILTON, FL 32570	
Title:	VP	( ) Delete
Name:	KELLEY, RANDAL H	
Address:	6826 MERTIS WAY	
City-St-Zip:	MILTON, FL 32583	
Title:	S/T	( ) Delete
Name:	STAUFFER, SEAN P	
Address:	4032 ERMINE	
City-St-Zip:	MILTON, FL 32583	
Title:	D	( ) Delete
Name:	LUNSFORD, ROBERT L	
Address:	5466 RUSSELL DRIVE	
City-St-Zip:	MILTON, FL 32570	
Title:	D	( ) Delete
Name:	JONES, JAMES H	
Address:	5134 PARKWAY DRIVE	
City-St-Zip:	MILTON, FL 32570	
Title:	D	( ) Delete
Name:	LAW, CHARLES R	
Address:	11964 APPLETON RD.	
City-St-Zip:	CASTLEBERRY, AL 36432	

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: SEAN STAUFFER T/S 04/30/2008

Electronic Signature of Signing Officer or Director — Date