

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000007008

FILED
Apr 22, 2009
Secretary of State

Entity Name: CANOPY ROADS CREW, INC.

Current Principal Place of Business:

84 FINNER DRIVE
CRAWFORDVILLE, FL 32327 US

New Principal Place of Business:

Current Mailing Address:

104 WEST 5TH AVENUE
TALLAHASSEE, FL 32303

New Mailing Address:

5735 BRAVEHEART WAY
TALLAHASSEE, FL 32327

FEI Number: 59-3485454

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEN, M H
104 WEST 5TH AVENUE
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

NAPPI, LYNNE
5735 BRAVEHEART WAY
TALLAHASSEE, FL 32327 US

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: LYNNE NAPPI

04/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: ARMSTRONG, MALCOLM H
Address: 2014 LAWSON ROAD
City-St-Zip: TALLAHASSEE, FL 32308 48

Title: VPD () Delete
Name: SUTTON, JUDY
Address: 385 LAKE LAURIE CIR
City-St-Zip: QUINCY, FL 32352

Title: T () Delete
Name: ALLEN, M H
Address: 104 WEST 5TH AVENUE
City-St-Zip: TALLAHASSEE, FL 32303

Title: S () Delete
Name: LAMMERT, JUDITH
Address: 84 FINNER DRIVE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: AD () Delete
Name: NAPPI, LYNNE
Address: 5735 BRAVEHEART WAY
City-St-Zip: TALLAHASSEE, FL 32317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: NAPPI, LYNNE
Address: 5735 BRAVEHEART WAY
City-St-Zip: TALLAHASSEE, FL 32327

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AD (X) Change () Addition
Name: ARMSTRONG, KEN
Address: 8326 INVERNESS DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

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: LYNNE NAPPI

T

04/22/2009

Electronic Signature of Signing Officer or Director

Date