2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2009
Secretary of State

DOCUMENT# N97000007198

Entity Name: NORTH FLORIDA SLIDERS, INC.

Current Principal Place of Business:

RT.10 BOX 650
LAKE CITY, FL 32025

New Principal Place of Business:

Current Mailing Address:

P O BOX 1634
LAKE CITY, FL 32056 US

New Mailing Address:

FEI Number: 59-3446403 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PHILLIPS, SANDY E
RT.10 BOX 650
LAKE CITY, FL 32025 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:	TD	( ) Delete
Name:	TYRE, DOROTHY	
Address:	150 NW ALACHUA AVE., POBOX 1634	
City-St-Zip:	LAKE CITY, FL 32056	
Title:	D	( ) Delete
Name:	WEST, JOHN	
Address:	924 N.W. 35TH AVE.	
City-St-Zip:	GAINESVILLE, FL 32609	
Title:	SD	( ) Delete
Name:	KENT, THOMAS	
Address:	6015 N.W. 83RD TERRACE	
City-St-Zip:	GAINESVILLE, FL 32653	
Title:	PD	( ) Delete
Name:	PHILLIPS, SANDY	
Address:	RT 10 BOX 650	
City-St-Zip:	LAKE CITY, FL 32025	
Title:	VP	( ) Delete
Name:	MASTERS, VERNON	
Address:	RT 11 BOX 790	
City-St-Zip:	LAKE CITY, FL 32024	

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:	

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: DOROTHY TYRE TD 07/05/2009

Electronic Signature of Signing Officer or Director — Date