

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000007198

FILED  
Apr 27, 2011  
Secretary of State

**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 ( )**

**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  
**Name:** TYRE, DOROTHY H  
**Address:** RT 10 BOX 650  
**City-St-Zip:** LAKE CITY, FL 32025

**Title:** D  
**Name:** WEST, JOHN  
**Address:** 924 N.W. 35TH AVE.  
**City-St-Zip:** GAINESVILLE, FL 32609

**Title:** SD  
**Name:** KENT, THOMAS  
**Address:** 6015 N.W. 83RD TERRACE  
**City-St-Zip:** GAINESVILLE, FL 32653

**Title:** PD  
**Name:** PHILLIPS, SANDY  
**Address:** RT 10 BOX 650  
**City-St-Zip:** LAKE CITY, FL 32025

**Title:** VP  
**Name:** MASTERS, VERNON  
**Address:** RT 11 BOX 790  
**City-St-Zip:** LAKE CITY, FL 32024

I hereby 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 all other like empowered.

**SIGNATURE:** DOROTHY H TYRE

TD

04/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date