

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000514

FILED
Apr 06, 2008
Secretary of State

Entity Name: BONES SOCIETY OF FLORIDA, INC.

Current Principal Place of Business:

17503 MALLARD COURT
LUTZ, FL 33559

New Principal Place of Business:

Current Mailing Address:

17503 MALLARD COURT
LUTZ, FL 33559

New Mailing Address:

FEI Number: 65-0808663

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COBBE, FRASER C
17503 MALLARD COURT
LUTZ, FL 33559 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: D () Delete
Name: DESIMONE, APRIL
Address: 504 PALMETTO ST
City-St-Zip: NEW SMYRNA, FL 32168

Title: P () Delete
Name: OLIVER, ALLEN
Address: 5441 BIRCHBEND LOOP
City-St-Zip: OVIEDO, FL 32765

Title: VP () Delete
Name: MITCHELL, DEBRA
Address: 880 6TH STREET, STE 310
City-St-Zip: ST PETERSBURG, FL 33701

Title: D () Delete
Name: CASON, DARRELL
Address: 4500 W NEWBERRY ROAD
City-St-Zip: GAINESVILLE, FL 32607

Title: D () Delete
Name: JONES, TANIA
Address: 606 IRIS ST
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: ED () Delete
Name: COBBE, FRASER C
Address: 17503 MALLARD COURT
City-St-Zip: LUTZ, FL 33559

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
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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: FRASER COBBE

ED

04/06/2008

Electronic Signature of Signing Officer or Director

Date