

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 24, 2010
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: T
Name: AGUAYO, ANICETE
Address: 614 NORTH PENINSULA DRIVE
City-St-Zip: DAYTONA BEACH, FL 32118

Title: D
Name: OLIVER, ALLEN
Address: 5441 BIRCHBEND LOOP
City-St-Zip: OVIEDO, FL 32765

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

Title: VP
Name: SHIPMAN, MARTIN
Address: 3334 CAPITAL MEDICAL BLVD, STE 400
City-St-Zip: TALLAHASSEE, FL 32317

Title: D
Name: JONES, TANIA
Address: PO BOX 161415
City-St-Zip: ALTAMONTE SPRINGS, FL 32716 14

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

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: FRASER COBBE

ED

03/24/2010

Electronic Signature of Signing Officer or Director

Date