2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 20, 2009
Secretary of State

DOCUMENT# N98000006419

Entity Name: SAD*SAC, INC.

Current Principal Place of Business:

10280 S. ANDOVER COACL LANE
#A2
LAKE WORTH, FL 33449

New Principal Place of Business:

Current Mailing Address:

PO BOX 6221
LAKE WORTH, FL 33466

New Mailing Address:

FEI Number: 65-0874746 **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:

GEFFERS, JUDITH M
227 CITRUS TR.
BOYNTON BEACH, FL 33436 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: DP ( ) Delete
Name: GEFFERS, JUDITH M
Address: 227 CITRUS TR.
City-St-Zip: BOYNTON BEACH, FL 33436

Title: DS ( ) Delete
Name: DAVIS, LINDA A
Address: 430 NORTH B ST.
City-St-Zip: LAKE WORTH, FL 33460

Title: DT ( ) Delete
Name: BASKIND, ANN E
Address: 10280 S ANDOVER COACH LANE A2
City-St-Zip: LAKE WORTH, FL 33467

Title: D ( ) Delete
Name: BASKIND, LEWIS M
Address: 10280 S. ANDOVER COACH LANE A2
City-St-Zip: LAKE WORTH, FL 33467

Title: D ( ) Delete
Name: NAGEL, BEVERLY J
Address: 817B SKY PINE WAY
City-St-Zip: WEST PALM BEACH, FL 33415

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: ANN EILEEN BASKIND T 06/20/2009

Electronic Signature of Signing Officer or Director — Date