2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000605

Entity Name: THIEVES OF SAN LORENZO, INC.

FILED Apr 20, 2009 Secretary of State

Current Principal Place of Busi	ness: New	Principal Place of Bus	siness:
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6706 BOBBY JONES CT 413 GLEN RIDE AVE

PALMETTO, FL 34221 TEMPLE TERRACE, FL 33617

Current Mailing Address: New Mailing Address:

PO BOX 492

ELLENTON, FL 34222

FEI Number: 59-3563128 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PERKINS, DAWN VANDERKAM, JILL 6706 BOBBY JONES CT 413 GLEN RIDE AVE

TEMPLE TERRACE, FL 33617 PALMETTO, FL 34221 US US

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: JILL VANDERKAM 04/20/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

VANDERKAM, JILL VANDERKAM, JILL Name: Name: 413 GLEN RIDGE AVE Address: 413 GLEN RIDGE AVE Address: City-St-Zip: TEMPLE TERRACE, FL 33617 City-St-Zip: TEMPLE TERRACE, FL 33617

Title: () Delete Title: () Change () Addition PERKINS, DAWN Name: Name:

Address: 6706 BOBBY JONES CT Address: City-St-Zip: PALMETTO, FL 34221 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

BUNCE, LAURIE Name: BUNCE, LAURIE Name: 12523 136TH LANE N Address: Address: 12523 136TH LANE N City-St-Zip: LARGO, FL 33774 City-St-Zip: LARGO, FL 33774

() Delete (X) Change () Addition Title: AS Title: PYLE, LIU

Name: Name: ALONSO, PATTY 830 HICKORY LN 6221 SAVANNAH BREEZE CT #302 Address: Address:

City-St-Zip: PALM HARBOR, FL 34683 City-St-Zip: TAMPA, FL 33625

Title: () Delete Title: (X) Change () Addition

STOUT, JEAN STOUT, JEAN Name: Name: 7425 BAY DR 7425 BAY DR Address: Address: City-St-Zip: TAMPA, FL 33635 City-St-Zip: TAMPA, FL 33635

Title: () Delete Title: () Change (X) Addition

BAKER, JULIA Name: Name: Address: Address: PO BOX 127 SEFFNER, FL 33583 City-St-Zip: 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: JILL VANDERKAM Ρ 04/20/2009