2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N99000004158

Entity Name: GOLDENROD COMMUNITY ALLIANCE, INC.

Current Principal Place of Business:

4755 PALMETTO RD.
WINTER PARK, FL 32792

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 61
GOLDENROD, FL 32733

New Mailing Address:

FEI Number: 59-3587502 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARLSON, WILLIAM E
9955 LAKE GEORGIA DRIVE
ORLANDO, FL 32817 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: PD ( ) Delete
Name: MCABEE, SCOTT
Address: 4755 PALMETTO RD.
City-St-Zip: WINTER PARK, FL 32792

Title: VD ( ) Delete
Name: CARLSON, WILLIAM
Address: 4755 PALMETTO RD.
City-St-Zip: WINTER PARK, FL 32792

Title: TD ( ) Delete
Name: GOETZ, GEOFF
Address: 4755 PALMETTO RD.
City-St-Zip: WINTER PARK, FL 32792

Title: SD ( ) Delete
Name: DANGEL, DARLENE
Address: 4755 PALMETTO RD
City-St-Zip: WINTER PARK, FL 32792

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:

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: SCOTT MCABEE PD 04/29/2009

Electronic Signature of Signing Officer or Director — Date