2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008
Secretary of State

DOCUMENT# N99000004202

Entity Name: THE SACRED CIRCLE OF FLORIDA, INC.

Current Principal Place of Business:

1103 SHANNON ST.
PLANT CITY, FL 33563

New Principal Place of Business:

Current Mailing Address:

1103 SHANNON ST.
PLANT CITY, FL 33563

New Mailing Address:

FEI Number: 59-3619367 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MISSING, JOHN W
1103 SHANNON ST.
PLANT CITY, FL 33563 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: PSD ( ) Delete
Name: MISSING, JOHN W MREV
Address: 1103 SHANNON ST
City-St-Zip: PLANT CITY, FL 33563

Title: TD ( ) Delete
Name: SHALHUB-DAVIS, MARY
Address: 1702 E LINDA ST
City-St-Zip: PLANT CITY, FL 33563

Title: D ( ) Delete
Name: MILLER, ALICE
Address: 1906 E SPENCER ST
City-St-Zip: PLANT CITY, FL 33563

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: D ( ) Change (X) Addition
Name: LOWMAN, KAREN E
Address: 4017 N BRANCH AVE
City-St-Zip: TAMPA, FL 33603

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: JOHN W MISSING PSD 04/10/2008
Electronic Signature of Signing Officer or Director — Date