2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N99000004383

The Hiled Aug 25, 2009

Secretary of State

Entity Name: WEST FLORIDA LIVERY ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3535 FIRST AVE N 1393 SOUTH PASADENA AVENUE SAINT PETERSBURG, FL 33713 US SAINT PETERSBURG, FL 33707 US

Current Mailing Address: New Mailing Address:

P O BOX 270219 1393 SOUTH PASADENA AVENUE SAINT PETERSBURG, FL 33707 US

FEI Number: 59-3027990 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:

WITTCOFF, KEN

11744 LIPSEY ROAD

TAMPA, FL 33618 US

SHAW, DAVE

1393 SOUTH PASADENA AVENUE

ST. PETERSBURG, FL 33707 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: DAVE SHAW 08/25/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ()Delete Title: ()Change ()Addition

 Name:
 SHAW, DAVE
 Name:

 Address:
 1393 SOUTH PASADENA AVENUE
 Address:

 City-St-Zip:
 ST. PETERSBURG, FL 33707
 City-St-Zip:

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

Name: WITTCOFF, KEN Name: KURMAY, TERRY

 Address:
 11744 LIPSEY ROAD
 Address:
 3160 46TH AVENUE NORTH

 City-St-Zip:
 TAMPA, FL 33618 US
 City-St-Zip:
 ST PETERSBURG, FL 33714 US

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

 Name:
 Name:
 CHAVEZ, GERRY

 Address:
 Address:
 1 BEACH DRIVE SE #2410

 City-St-Zip:
 City-St-Zip:
 ST. PETERSBURG, FL 33701 US

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: DAVE SHAW PD 08/25/2009