

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 22, 2009  
Secretary of State**

DOCUMENT# N99000004521

Entity Name: SPECIAL EVENTS FOR MEXICO BEACH, INC.

**Current Principal Place of Business:**

LYNN MARSHALL  
102 CANAL PARKWAY  
MEXICO BEACH, FL 32456

**New Principal Place of Business:**

**Current Mailing Address:**

LYNN MARSHALL  
P O BOX 13382  
MEXICO BEACH, FL 32410

**New Mailing Address:**

FEI Number: 59-3643163      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MARSHALL, LYNN  
102 CANAL PARKWAY  
MEXICO BEACH, FL 32456      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: LYNN, MARSHALL  
Address: PO BOX 13382  
City-St-Zip: MEXICO BCH, FL 32410  
  
Title: VPD      ( ) Delete  
Name: MARQUARDT, CHRYSTINA  
Address: PO BOX 13382  
City-St-Zip: MEXICO BCH, FL 32410  
  
Title: TD      ( ) Delete  
Name: SHAWNA, WOOD  
Address: P.O. BOX 13382  
City-St-Zip: MEXICO BEACH, FL 32410

**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:

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: LYNN MARSHALL

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

CHAI

04/22/2009

\_\_\_\_\_  
Date