

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005760

FILED
Apr 15, 2009
Secretary of State

Entity Name: TWILIGHT CRUISERS OF MARION COUNTY FLA INC.

Current Principal Place of Business:

4720 S.E. 145TH ST.
SUMMERFIELD, FL 34491

New Principal Place of Business:

Current Mailing Address:

4720 S.E. 145TH ST.
SUMMERFIELD, FL 34491

New Mailing Address:

FEI Number: 59-3621178

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAWTER, STEPHEN
4720 S.E. 145TH ST.
SUMMERFIELD, FL 34491 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: HAWTER, STEPHEN
Address: 4720 SE 145TH ST.
City-St-Zip: SUMMERFIELD, FL 34491

Title: VD () Delete
Name: TALBERT, WILLIAM
Address: 3821 SE 33 AVE
City-St-Zip: OCALA, FL 34473

Title: VD () Delete
Name: GRAFFAGNINO, PAUL
Address: 97 JUNIPER TRAIL LOOP
City-St-Zip: OCALA, FL 344809737

Title: T () Delete
Name: HAWTER, STEPHEN
Address: 4720 SE 145 ST
City-St-Zip: SUMMERFIELD, FL 34491

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: STEPHEN HAWTER

PD

04/15/2009

Electronic Signature of Signing Officer or Director

Date