

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000035259

FILED
Jun 29, 2009
Secretary of State

Entity Name: GOOD MEASURE OF NORTH FLORIDA, INC.

Current Principal Place of Business:

8892 135TH RD.
LIVE OAK, FL 32060

New Principal Place of Business:

Current Mailing Address:

8892 135TH RD.
LIVE OAK, FL 32060

New Mailing Address:

FEI Number: 26-1460227

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, LUCAS R
14895 SE 95TH STREET
WHITE SPRINGS, FL 320962419 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SMITH, LUCAS R
Address: 14895 SE 95TH STREET
City-St-Zip: WHITE SPRINGS, FL 320962419

Title: V () Delete
Name: SMITH, JAMES E III
Address: 8892 135TH ROAD
City-St-Zip: LIVE OAK, FL 32060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUCAS RIGDON SMITH

PD

06/29/2009

Electronic Signature of Signing Officer or Director

Date