

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000020276

Entity Name: DONNA L. BLAIR LCSW, P.A.

FILED  
Apr 21, 2009  
Secretary of State

## Current Principal Place of Business:

221 DUNE DRIVE  
SANTA ROSA BEACH, FL 32459

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 1642  
SANTA ROSA BEACH, FL 32459

## New Mailing Address:

FEI Number: 59-3509929

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BLAIR, DONNA L  
221 DUNE DRIVE  
SANTA ROSA BEACH, FL 32459 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BLAIR, DONNA L  
Address: 221 DUNE DR  
City-St-Zip: SANTA ROSA BCH, FL 32459

Title: D ( ) Delete  
Name: MOORE, ROBIN  
Address: 14611 CECIL DRIVE  
City-St-Zip: LITTLE ROCK, AK 72223

Title: D ( ) Delete  
Name: OTT, SUSAN  
Address: 605 RIVER CHASE POINT  
City-St-Zip: ATLANTA, GA 30325

Title: D ( ) Delete  
Name: PRICE, AMARYLLIS  
Address: 12213 MILLS REAM DR  
City-St-Zip: BOWIE, MD 20715

Title: D ( ) Delete  
Name: DONNELLY, GREGORY  
Address: 5864 NICHOLSON LANE #512  
City-St-Zip: N BETHESDA, MD 20852

## 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:

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: DONNA L. BLAIR

P

04/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date