


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90114 043 ****61.25

DOCUMENT # 720230
 1. Entity Name
DAIRYMEN LODGE, INC.



Principal Place of Business Mailing Address
 % GWEN ARRENDALE P.O. BOX 432
 904 N COURT ST QUITMAN GA 31643
 QUITMAN GA 31643



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State City & State
 Zip Country Zip Country

4. FEI Number **25-6608478** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
WARREN JR, JESSE F.
119 WEST JEFFERSON
TALLAHASSEE FL

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	FRANKLIN, SMITH	
STREET ADDRESS	6788 PATTEN COOLIDGE RD.	
CITY-ST-ZIP	COOLIDGE GA 31738	
TITLE	V	<input type="checkbox"/> Delete
NAME	MCLANE, JANE	
STREET ADDRESS	PINECLIFF DR	
CITY-ST-ZIP	VALDOSTA GA 31601	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GWEN, ARRENDALE	
STREET ADDRESS	904 N. CT. ST.	
CITY-ST-ZIP	QUITMAN GA 31643	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURTON, GLENN	
STREET ADDRESS	13745 US HWY 84 E	
CITY-ST-ZIP	THOMASVILLE GA 31757	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITAKER, GINGER	
STREET ADDRESS	2415 JACKSON DAIRY RD	
CITY-ST-ZIP	BACONTON GA 31716	
TITLE	D	<input type="checkbox"/> Delete
NAME	NANCY, TENNYSON	
STREET ADDRESS	MAGNOLIA DR.	
CITY-ST-ZIP	QUITMAN GA 31643	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stanley F. Smith	
STREET ADDRESS	614 Victoria PL	
CITY-ST-ZIP	P.O. Box 152 Thomasville GA. 31792	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gwen Arrendale Gwen Arrendale 4-18-08 229-263-8315