

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 720230

**FILED**  
**Jan 29, 2016**  
**Secretary of State**  
**CC4715478287**

**Entity Name:** DAIRYMEN LODGE, INC.

**Current Principal Place of Business:**

% GWEN ARRENDALE  
904 N COURT ST  
QUITMAN, GA 31643

**Current Mailing Address:**

% GWEN ARRENDALE  
904 N COURT ST  
QUITMAN, GA 31643 US

**FEI Number:** 25-6608478

**Certificate of Status Desired:** Yes

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

NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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

**Officer/Director Detail :**

Title P  
Name MCLANE, H. ARTHUR  
Address P. O. BOX 505  
City-State-Zip: VALDOSTA GA 31603

Title V  
Name MCLANE, JANE  
Address PINECLIFF DR  
City-State-Zip: VALDOSTA GA 31601

Title ST  
Name ARRENDALE, GWEN  
Address 904 N. COURT ST.  
City-State-Zip: QUITMAN GA 31643

Title D  
Name BURTON, GLENN  
Address 13745 US HWY 84 E  
City-State-Zip: THOMASVILLE GA 31757

Title D  
Name WHITAKER, GINGER  
Address 2415 JACKSON DAIRY RD  
City-State-Zip: BACONTON GA 31716

Title D  
Name TENNYSON, NANCY  
Address MAGNOLIA DR.  
City-State-Zip: QUITMAN GA 31643

*I hereby 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 all other like empowered.*

**SIGNATURE:** GWEN ARRENDALE

ST

01/29/2016

Electronic Signature of Signing Officer/Director Detail

Date