

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 720230

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

**Current Principal Place of Business:**

2306 PINECLIFF DRIVE  
VALDOSTA, GA 31602

**Current Mailing Address:**

P.O. BOX 445  
BACONTON, GA 21716

**FEI Number: 82-1824602**

**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 2306 PINECLIFF DRIVE  
City-State-Zip: VALDOSTA GA 31602

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

Title DIRECTOR  
Name WHITAKER, VIRGINIA J.  
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

Title ST  
Name WHITAKER, VIRGINIA J  
Address 2415 JACKSON DAIRY RD.  
City-State-Zip: BACONTON GA 31716

*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: H. ARTHUR MCLANE**

**PRESIDENT**

**03/09/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date