

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727694

FILED
Mar 12, 2009
Secretary of State

Entity Name: ECONFINA ESTATES PARK, INC.

Current Principal Place of Business:

7295 ECONFINA ESTATES ROAD
YOUNGSTOWN, FL 32466

New Principal Place of Business:

Current Mailing Address:

7239 ECONFINA ESTATES RD
YOUNGSTOWN, FL 32466

New Mailing Address:

7295 ECONFINA ESTATES ROAD
YOUNGSTOWN, FL 32466

FEI Number: 59-1764992

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRATHER, ROSE
7239 EONFINA ESTATES RD
YOUNGSTOWN, FL 32466 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KRISTY, SMITH
Address: 2320 ROLLING PINES RD
City-St-Zip: CHIPLEY, FL 32428

Title: VP () Delete
Name: COLEMAN, LEESA
Address: 1102 EMORY DRIVE
City-St-Zip: PANAMA CITY, FL 32405

Title: S () Delete
Name: SLONINA, SUSAN
Address: 1122 FLORIDA AVE.
City-St-Zip: LYNN HAVEN, FL 32444

Title: T () Delete
Name: PRATHER, ROSE
Address: 7239 ECONFINA ESTATES RD.
City-St-Zip: YOUNGSTOWN, FL 32466

Title: D () Delete
Name: RHODES, ROBERT
Address: 7266 ECONFINA ESTATES RD
City-St-Zip: YOUNGSTOWN, FL 32466

Title: D () Delete
Name: HADDOCK, BONNIE
Address: 7313 LONE CEDAR DRIVE
City-St-Zip: YOUNGSTOWN, FL 32466

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KRISTY, SMITH
Address: 7506 GILES LANE
City-St-Zip: YOUNGSTOWN, FL 32466

Title: VP (X) Change () Addition
Name: COLEMAN, LEESA
Address: 1103 EMORY DRIVE
City-St-Zip: PANAMA CITY, FL 32405

Title: S (X) Change () Addition
Name: SLONINA, SUSAN
Address: 14210 HIGHWAY 77
City-St-Zip: SOUTHPORT, FL 32409

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

SIGNATURE: ROSE PRATHER

T

03/12/2009

Electronic Signature of Signing Officer or Director

Date