

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006944

FILED
Sep 08, 2009
Secretary of State

Entity Name: WATSON TEMPLE COMMUNITY DEVELOPMENT CORPORATION

Current Principal Place of Business:

665 WEST BREVARD STREET
TALLAHASSEE, FL 32304

New Principal Place of Business:

Current Mailing Address:

PO BOX 16514
TALLAHASSEE, FL 323176514

New Mailing Address:

435 W. GEORGIA ST.
TALLAHASSEE, FL 32301

FEI Number: 83-0487551 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SHEPPARD, DONALD E
3103 SOUTH FULMER CIRCLE
TALLAHASSEE, FL 32303 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: DP () Delete
Name: SHEPPARD, DONALD E
Address: 3103 SOUTH FULMER CIRCLE
City-St-Zip: TALLAHASSEE, FL 32303

Title: D (X) Delete
Name: SIMS, SAMUEL
Address: 1775 CENTERVILLE ROAD
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: GILMORE, ARGATHA R
Address: 8146 ELYSIAN WAY
City-St-Zip: TALLAHASSEE, FL 32311

Title: DST () Delete
Name: CARTER, AGATHA
Address: 435 W. GEORGIA STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: WHITE, C. ERIC
Address: 290 WEST WASHINGTON STREET
City-St-Zip: MONTICELLO, FL 32344

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

SIGNATURE: AGATHA CARTER

DST

09/08/2009

Electronic Signature of Signing Officer or Director

_____ Date