

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009434

FILED
Mar 30, 2009
Secretary of State

Entity Name: INTERCHANGE COMMERCIAL CENTER PROPERTY ASSOCIATION, INC.

Current Principal Place of Business:

1798 S. WOODLAND BOULEVARD
DELAND, FL 32720 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 2076
DELAND, FL 32721 US

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOOKER, KIM C
1019 TOWN CENTER DRIVE
SUITE 201
ORANGE CITY, FL 32763 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: D () Delete
Name: DEMARSH, FRANK
Address: POST OFFICE BOX 2076
City-St-Zip: DELAND, FL 32721 US

Title: D () Delete
Name: LAWRENCE, EDITH P
Address: POST OFFICE BOX 2076
City-St-Zip: DELAND, FL 32721 US

Title: D () Delete
Name: DEMARSH, CLINT
Address: POST OFFICE BOX 2076
City-St-Zip: DELAND, FL 32721 US

Title: D (X) Delete
Name: DEMARSH, WILLIAM F
Address: POST OFFICE BOX 2076
City-St-Zip: DELAND, FL 32721 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DEMARSH, WILLIAM F
Address: POST OFFICE BOX 2076
City-St-Zip: DELAND, FL 32721 US

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: WILLIAM F. DEMARSH

D

03/30/2009

Electronic Signature of Signing Officer or Director

Date