


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000003078
 1. Entity Name
BLACKMAN COMMUNITY CENTER, INC.



Principal Place of Business 7590 HWY 189 N BAKER, FL 32531	Mailing Address 7590 HWY 189 N BAKER, FL 32531
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DO NOT WRITE IN THIS SPACE



01132004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3461694	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BATSON, WANDA C
 8120 ROCK HILL ROAD
 BAKER, FL 32531

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CUNNINGHAM, LARRY 7528 RED BARROW RD BAKER, FL 32531
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BATSON, WANDA C 8120 ROCK HILL ROAD BAKER, FL 32531
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COOK, JEANNETTE 7638 HWY 189 N BAKER, FL 32531
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BATSON, RANDY 1982 HORSE CREEK RD BAKER, FL 32531
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEW, ALLEN 7491 RED BARROW ROAD BAKER, FL 32531
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THURBER, HENRY J 1097 VERNON JEFFERS RD BAKER, FL 32531

U00000051867
 02/16/04-80069-011 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jeannette Cook (JEANNETTE COOK) 2-12-04 850-537-5571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #