


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2007 8:00 am
Secretary of State

05-17-2007 90036 017 ****61.25

| | | | | | |
|--|--|---|---|--|--|
| 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 | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 04242007 Chg-NP CR2E037 (12/06) | |
| City & State | | City & State | | 4. FEI Number 59-3461694 Applied For Not Applicable | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| COOK, JEANETTE C 7638 HWY 189 N. BAKER, FL 32531 | | | Name DONNIE THAMES Street Address (P.O. Box Number is Not Acceptable) 8351 THAMES ROAD BAKER, FL. City BAKER FL Zip Code 32531 | | |
| 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 <i>Donnie Thames</i> | | DONNIE THAMES | | MAY 4, 2007 | |
| Signature, typed or printed name of registered agent and title if applicable. | | (NOTE: Registered Agent signature required when reinstating) | | DATE | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV CUNNINGHAM, LARRY 7528 RED BARROW RD BAKER, FL 32531 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP CUNNINGHAM, LARRY 7528 RED BARROW ROAD BAKER, FL. 32531 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS ROBINSON, RUTH 2448 RJ STABLER RD. BAKER, FL 32531 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP COOK, JEANETTE 7638 HWY 189 N BAKER, FL 32531 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP THAMES, DONNIE 8351 THAMES ROAD BAKER, FL. 32531 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT BATSON, RANDY 1982 HORSE CREEK RD BAKER, FL 32531 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT MOTLEY, NOMA 8298 THAMES ROAD BAKER, FL. 32531 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TEW, ALLEN 7491 RED BARROW ROAD BAKER, FL 32531 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D THURBER, HENRY J 1097 VERNON JEFFERS RD BAKER, FL 32531 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Larry Cunningham</i> | | | 5/4/07 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |