

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 12, 2009
Secretary of State**

DOCUMENT# N96000003078

Entity Name: BLACKMAN COMMUNITY CENTER, INC.

Current Principal Place of Business:

7590 HWY 189 N
BAKER, FL 32531

New Principal Place of Business:

Current Mailing Address:

7590 HWY 189 N
BAKER, FL 32531

New Mailing Address:

FEI Number: 59-3461694 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THAMES, DONNIE
8351 THAMES RD.
BAKER, FL 32531 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: CUNNINGHAM, LARRY
Address: 7528 RED BARROW RD
City-St-Zip: BAKER, FL 32531

Title: DS () Delete
Name: ROBINSON, RUTH
Address: 2448 RJ STABLER RD.
City-St-Zip: BAKER, FL 32531

Title: DP () Delete
Name: THAMES, DONNIE
Address: 8351 THAMES RD.
City-St-Zip: BAKER, FL 32531

Title: DT () Delete
Name: MOTLEY, NOMA
Address: 8298 THAMES RD.
City-St-Zip: BAKER, FL 32531

Title: D () Delete
Name: TEW, ALLEN
Address: 7491 RED BARROW ROAD
City-St-Zip: BAKER, FL 32531

Title: D () Delete
Name: THURBER, HENRY J
Address: 1097 VERNON JEFFERS RD
City-St-Zip: BAKER, FL 32531

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:

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: LARRY CUNNINGHAM

Electronic Signature of Signing Officer or Director

DP

01/12/2009

Date