

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003078

FILED
Apr 26, 2012
Secretary of State

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:

GINA, OGLESBY
7900 HWY 189N
BAKER, FL 32531 US

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: GINA OGLESBY

04/26/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: OGLESBY, GINA
Address: 7900 HWY 189N
City-St-Zip: BAKER, FL 32531

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

Title: DP
Name: MILLER, VENESSA
Address: 8513 YELLOW RIVER BAPTIST CH RD
City-St-Zip: BAKER, FL 32531

Title: DT
Name: MADDEN, SUE
Address: 2328 DEWEY MADDEN CR
City-St-Zip: BAKER, FL 32531

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

Title: D
Name: WELLS, KAREN J
Address: 2330 MORMAN TEMPLE RD
City-St-Zip: BAKER, FL 32531

I hereby 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 all other like empowered.

SIGNATURE: GINA OGLESBY

PRES

04/26/2012

Electronic Signature of Signing Officer or Director

Date