

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000035322

FILED
Apr 21, 2009
Secretary of State

Entity Name: NORTH EAST WEST SOUTH COMMUNITY INVESTMENT GROUP, INC.

Current Principal Place of Business:

P O BOX 861006
SAINT AUGUSTINE, FL 32086

New Principal Place of Business:

4931 COQUINA CROSSING DR
ELKTON, FL 32033

Current Mailing Address:

P O BOX 861006
SAINT AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 75-3147011 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOGAN, BOBBY J
4931 COQUINA CROSSING DR
ELKTON, FL 32033 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ELLIS, CHARLES E
Address: 725 WILLOWWOOD PL
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D () Delete
Name: WILSON, ANTONIO M
Address: 2212 THERRELL WAY
City-St-Zip: MCKINNEY, TX 75070

Title: D () Delete
Name: SCOTT, BERNARD
Address: 1018 MOHICAN TRAIL
City-St-Zip: TALLAHASSE, FL 32317

Title: T () Delete
Name: HOGAN, BOBBY J
Address: 4931 COQUINA CROSSING DR
City-St-Zip: ELKTON, FL 32033

Title: S () Delete
Name: BULLOCK, WILLIAM T
Address: 7 SAWMILL COURT
City-St-Zip: PALM COAST, FL 32164

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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOBBY J. HOGAN

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04/21/2009

Electronic Signature of Signing Officer or Director

_____ Date