

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000035322

FILED
Mar 12, 2010
Secretary of State

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

Current Principal Place of Business:

4931 COQUINA CROSSING DR
ELKTON, FL 32033

New Principal Place of Business:

4931 COQUINA CROSSING DR
ELKTON, FL 32033 US

Current Mailing Address:

P O BOX 861006
SAINT AUGUSTINE, FL 32086

New Mailing Address:

4931 COQUINA CROSSING DR
ELKTON, FL 32033 US

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
Name: ELLIS, CHARLES E
Address: 725 WILLOWWOOD PL
City-St-Zip: SAINT AUGUSTINE, FL 32086

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

Title: D
Name: SCOTT, BERNARD
Address: 1018 MOHICAN TRAIL
City-St-Zip: TALLAHASSEE, FL 32317

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

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

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

SIGNATURE: BOBBY J. HOGAN

P

03/12/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date