

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000009434

**Entity Name:** INTERCHANGE COMMERCIAL CENTER PROPERTY ASSOCIATION, INC.

**FILED**  
**Apr 13, 2015**  
**Secretary of State**  
**CC6270320109**

**Current Principal Place of Business:**

939 HOLLYWOOD BLVD.  
DELTONA, FL 32725

**Current Mailing Address:**

POST OFFICE BOX 2076  
DELAND, FL 32721 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BOOKER, KIM C  
1019 TOWN CENTER DRIVE  
SUITE 201  
ORANGE CITY, FL 32763 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name DEMARSH, WILLIAM F  
Address POST OFFICE BOX 2076  
City-State-Zip: DELAND FL 32721

Title D  
Name LAWRENCE, EDITH P  
Address POST OFFICE BOX 2076  
City-State-Zip: DELAND FL 32721

Title D  
Name DEMARSH, CLINT  
Address POST OFFICE BOX 2076  
City-State-Zip: DELAND FL 32721

*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: WILLIAM F. DEMARSH**

**D**

**04/13/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date