

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000003078

**Entity Name:** BLACKMAN COMMUNITY CENTER, INC.

**Current Principal Place of Business:**

7590 HWY 189 N  
BAKER, FL 32531

**Current Mailing Address:**

7590 HWY 189 N  
BAKER, FL 32531

**FEI Number: 59-3461694**

**Certificate of Status Desired: No**

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

CUNNINGHAM, LARRY  
7558 RED BARROW RD  
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:**

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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

Title DIRECTOR  
Name THAMES, DONNIE  
Address 8351 THAMES RD  
City-State-Zip: BAKER FL 32531

Title PRESIDENT  
Name MASON, TONY  
Address 7425 PAPPALAWRENCE DR  
City-State-Zip: LAUREL HILL FL 32567

Title S  
Name MASON, LAVADA  
Address 7425 PAPPALAWRENCE DR.  
City-State-Zip: LAUREL HILL FL 32537

Title T  
Name CUNNINGHAM, SHARON  
Address 7558 RED BARROW RD  
City-State-Zip: BAKER FL 32531

Title D  
Name GATEWOOD, HARVEY  
Address 8256 THAMES RD  
City-State-Zip: BAKER FL 32531

Title VP  
Name CUNNINGHAM, LARRY  
Address 7558 RED BARROW RD  
City-State-Zip: BAKER FL 32531

Title DIRECTOR  
Name LAING, CLYDE  
Address 1615 HWY C180  
City-State-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: SHARON CUNNINGHAM**

**TREASURER**

**04/06/2021**

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

\_\_\_\_\_  
Date