

2020 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

FILED
Feb 13, 2020
Secretary of State
9611192501CC

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

02/13/2020

Electronic Signature of Signing Officer/Director Detail

Date