

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713020

FILED  
Apr 23, 2009  
Secretary of State

**Entity Name:** EASTPOINT COMMUNITY ACTION COMMITTEE, INC.

**Current Principal Place of Business:**

SIXTH STREET AT AVENUE A  
EASTPOINT, FL 32328

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 667  
EASTPOINT, FL

**New Mailing Address:**

**FEI Number:** 59-6205878

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SISUNG, JAMES F.  
SIXTH STREET AND AVENUE A  
EASTPOINT, FL 32328 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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SISUNG, JAMES F.E  
Address: HWY 98 AT 8 ST.  
City-St-Zip: EASTPOINT, FL

Title: T ( ) Delete  
Name: STRATTON, URSULA A  
Address: 330 CARROLL STREET  
City-St-Zip: EASTPOINT, FL 32328

Title: SD ( ) Delete  
Name: SISUNG, ELIZABETH M.  
Address: HWY 98 AT 8TH ST.  
City-St-Zip: EASTPOINT, FL

Title: D ( ) Delete  
Name: LANE, ROBERT L  
Address: 135 HWY 98  
City-St-Zip: EASTPOINT, FL 32328

Title: D ( ) Delete  
Name: STEFANKO, VERN  
Address: 10TH STREET  
City-St-Zip: EASTPOINT, FL 32328

Title: D ( ) Delete  
Name: STEFANKO, JAMES  
Address: 10TH ST.  
City-St-Zip: EASTPOINT, FL

**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:

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

SIGNATURE: URSULA A. STRATTON

T

04/23/2009

Electronic Signature of Signing Officer or Director

Date