

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # 734888**

1. Entity Name  
**ROBERTSVILLE-ST. JOHN COMMUNITY DEVELOPMENT  
ASSOCIATION, INC.**



Principal Place of Business  
**196 DAVID THOMAS LANE  
QUINCY, FL 32351**

Mailing Address  
**196 DAVID THOMAS LANE  
QUINCY, FL 32351**

FILED  
CLERK OF DISTRICT COURT  
JANUARY OF 2004  
04 MAY 11 PM 12:01



03012003 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2931967</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**THOMAS, EUGENE  
698 MT HOSEY ROAD  
QUINCY, FL 32351**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE <b>D</b>	<b>SHAW, DOROTHY 4010 BAINBRIDGE HWY QUINCY, FL 32351</b>
TITLE <b>PD</b>	<b>THOMAS, EUGENE 698 MT HOSEY CHURCH ROAD QUINCY, FL 32351</b>
TITLE <b>S</b>	<b>KENON, MARY 196 DAVID THOMAS LANE QUINCY, FL 32351</b>
TITLE <b>VPD</b>	<b>MARSHALL, LEROY 605 MT HOSEY CHURCH RD QUINCY, FL 32352</b>
TITLE <b>FS</b>	<b>BARKLEY, LINDA 530 DUSTY HOUSE RD QUINCY, FL 32352</b>
TITLE <b></b>	<b></b>

**800036274398**  
05/13/04--01074--001 \*\*60.25

**800036274398**  
05/13/04--01074--002 \*\*1.25

**800036274398**  
05/13/04--01074--002 \*\*1.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:**

*Mary F. Kenon* **MARY F. KENON**

**5/10/04**

**(850) 875-7261**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #