2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #734888

1. Entity Name

ROBERTSVILLE-ST. JOHN COMMUNITY DEVELOPMENT ASSOCIATION, INC.



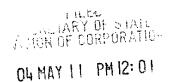
Principal Place of Business

Mailing Address

196 DAVID THOMAS LANE QUINCY, FL 32351

QUINCY, FL 32351

196 DAVID THOMAS LANE QUINCY, FL 32351





DO NOT WRITE IN THIS SPACE

03012003 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2931967 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

THOMAS, EUGENE 698 MT HOSEY ROAD

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

10/04

(850)875-7261

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						
		Election Campaign Finand Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	10. OFFICERS AND DIRECTORS			——————————————————————————————————————	poogg274	39<u>8</u>
TITLE	D			05/13	3/0401074001	**60.25
NAME	SHAW, DOROTHY				and a second	
STREET ADDRESS	4010 BAINBRIDGE HWY				22425254	333
C/TY-ST-ZIP	QUINCY, FL 32351			05/13	3/1047-10014-1002	**1.Zb
TITLE	PD				-	
NAME	THOMAS, EUGENE					
STREET ADDRESS	698 MT HOSEY CHURCH ROAD				30003627	4290
CITY-ST-ZIP	QUINCY, FL 32351			05/	30003627 13/04010740	02 **1 nn
TITLE	s					or 441,00
NAME	KENON, MARY	Ï			4	
STREET ADDRESS	196 DAVID THOMAS LANE-		The Care		NOT WRIT	
CITY-ST-ZIP	QUINCY, FL 32351			20	1101 111111	
TITLE	VPD			IN	THIS SPAC	E
NAME	MARSHELL, LEROY			4		
STREET ADDRESS CITY-ST-ZIP	605 MT HOSEY CHURCH RD		•			
	QUINCY, FL 32352		i			
TITLE	FS					
NAME STREET ADORESS	BARKLEY, LINDA			•		
CITY-ST-ZIP	530 DUSTY HOUSE RD					
<u> </u>	QUINCY, FL 32352					•
TITLE NAME						
STREET ADDRESS						
CITY+ST-ZIP	<u> </u>				·	
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.						