


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90182 020 \*\*\*\*61.25

<b>DOCUMENT # 734888</b> 1. Entity Name <b>ROBERTSVILLE-ST. JOHN COMMUNITY DEVELOPMENT ASSOCIATION, INC.</b>					
Principal Place of Business <b>196 DAVID THOMAS LANE QUINCY, FL 32351</b>			Mailing Address <b>196 DAVID THOMAS LANE QUINCY, FL 32351</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2931967</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>THOMAS, EUGENE 698 MT HOSEY ROAD QUINCY, FL 32351</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHAW, DOROTHY		NAME		
STREET ADDRESS	4010 BAINBRIDGE HWY		STREET ADDRESS		
CITY-ST-ZIP	QUINCY, FL 32351		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMAS, EUGENE		NAME		
STREET ADDRESS	698 MT HOSEY CHURCH ROAD		STREET ADDRESS		
CITY-ST-ZIP	QUINCY, FL 32351		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KENON, MARY		NAME		
STREET ADDRESS	196 DAVID THOMAS LANE		STREET ADDRESS		
CITY-ST-ZIP	QUINCY, FL 32351		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARSHALL, LEROY		NAME		
STREET ADDRESS	605 MT HOSEY CHURCH RD		STREET ADDRESS		
CITY-ST-ZIP	QUINCY, FL 32352		CITY-ST-ZIP		
TITLE	FS	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARKLEY, LINDA		NAME	Alphonso Ray	
STREET ADDRESS	530 DUSTY HOUSE RD		STREET ADDRESS	455 Goldwine Road	
CITY-ST-ZIP	QUINCY, FL 32352		CITY-ST-ZIP	Quincy, FL 32352	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> <u>Eugene Thomas</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/24/2005 (850) 827-3222 <small>Date Daytime Phone #</small>		