

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742945

FILED
Jun 15, 2007
Secretary of State

Entity Name: THE CENTRE, INC.

Current Principal Place of Business:

365 ROBERTS MTN RD.
FABER, VA 22938 US

New Principal Place of Business:

Current Mailing Address:

365 ROBERTS MTN RD.
FABER, VA 22938 US

New Mailing Address:

P. O. BOX 505
LOVINGSTON, VA 22949 US

FEI Number: 59-1824173 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

STANLEY, BENJAMIN
507 CHARLES PLACE
BRANDON, FL 33511 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: DPC () Delete
Name: MONROE, LAURIE A.
Address: 57 WOODPECKER WAY
City-St-Zip: AFTON, VA

Title: VD () Delete
Name: MILLER, DARLENE
Address: 470 ROBERTS MTN RD.
City-St-Zip: FABER, VA 22938

Title: D () Delete
Name: MONROE, EMMETT
Address: 1027 HEATH WAY
City-St-Zip: STOW, OH 44224

Title: V () Delete
Name: WEST, TERESA H
Address: 51 DOC'S LANE
City-St-Zip: SHIPMAN, VA 22971

Title: S () Delete
Name: MOORE, CAROL
Address: 1475 ARRINGTON RD
City-St-Zip: ARRINGTON, VA 22922

Title: T () Delete
Name: BOTKIN, SHARON J
Address: 23 LOCUST HILL LN
City-St-Zip: FISHERSVILLE, VA 22939

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPC (X) Change () Addition
Name: ATWATER, FREDERICK H
Address: 28 FOREST LANE
City-St-Zip: FABER, VA 22938

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: VIAR, KAREN J
Address: 1664 ROBERTS MTN ROAD
City-St-Zip: FABER, VA 22938

Title: VP (X) Change () Addition
Name: WEST, TERESA H
Address: 51 DOC'S LANE
City-St-Zip: SHIPMAN, VA 22971

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: SHARON J. BOTKIN

T

06/15/2007

Electronic Signature of Signing Officer or Director

Date