

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 746707

1. Entity Name
**HIGH SPRINGS COMMUNITY DEVELOPMENT
ASSOCIATION, INC.**



Principal Place of Business
**HIGH SPRINGS CHILD CARE CENTER
210 TAYLOR AVENUE
HIGH SPRINGS, FL 32643**

Mailing Address
**P.O. BOX 1236
HIGH SPRINGS, FL 32655**



04302004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1387269

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DAVIS, CASSANDRA G
510 N.W. 13TH STREET
HIGH SPRINGS, FL 32643**

**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

Cassandra G. Davis

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

(NOTE: Registered Agent signature required when reinstating)

4/30/04

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution ☐

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

U000000147600
05/03/04-80114-011 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
ANDERSON, TAMMY
215 N.W. 15TH STREET
HIGH SPRINGS, FL 32643**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
JONES, HERBERT
325 N.W. 12 STREET
HIGH SPRINGS, FL 32643**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
BROWN, MILDRED
1560 N.W. 1ST AVENUE
HIGH SPRINGS, FL 32643**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
KELLY, JOSEPH
N.W. 13TH STREET
HIGH SPRINGS, FL 32643**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
DAVIS, CASSANDRA G
510 N.W. 13TH STREET
HIGH SPRINGS, FL 32643**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**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 I am empowered

SIGNATURE

Cassandra G. Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04

DATE

386-454-2208

Daytime Phone #