

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 11, 2008 08:00 A
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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000854528
CITY-ST-ZIP 03/27/08-80011-016 61.25

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Cassandra G. Davis

3/13/08