

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746707

FILED
Apr 17, 2009
Secretary of State

Entity Name: HIGH SPRINGS COMMUNITY DEVELOPMENT ASSOCIATION, INC.

Current Principal Place of Business:

HIGH SPRINGS CHILD CARE CENTER
210 TAYLOR AVENUE
HIGH SPRINGS, FL 32643

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1236
HIGH SPRINGS, FL 32655

New Mailing Address:

FEI Number: 59-1387269

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, CASSANDRA G
510 N.W. 13TH STREET
HIGH SPRINGS, FL 32643 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: D () Delete
Name: ANDERSON, TAMMY
Address: 215 N.W. 15TH STREET
City-St-Zip: HIGH SPRINGS, FL 32643

Title: D () Delete
Name: JONES, HERBERT
Address: 325 N.W. 12 STREET
City-St-Zip: HIGH SPRINGS, FL 32643

Title: D () Delete
Name: BROWN, MILDRED
Address: 1560 N.W. 1ST AVENUE
City-St-Zip: HIGH SPRINGS, FL 32643

Title: D () Delete
Name: KELLY, JOSEPH
Address: N.W. 13TH STREET
City-St-Zip: HIGH SPRINGS, FL 32643

Title: D () Delete
Name: DAVIS, CASSANDRA G
Address: 510 N.W. 13TH STREET
City-St-Zip: HIGH SPRINGS, FL 32643

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: CASSANDRA G. DAVIS

MRS.

04/17/2009

Electronic Signature of Signing Officer or Director

Date