

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756599

FILED
Apr 16, 2008
Secretary of State

Entity Name: BETTER LIVING COMMUNITY ASSOCIATION, INCORPORATED

Current Principal Place of Business:

1304 WHITNER ST
JACKSONVILLE, FL 322097355 US

New Principal Place of Business:

Current Mailing Address:

1304 WHITNER ST
JACKSONVILLE, FL 32209

New Mailing Address:

FEI Number: 59-2120340

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICHARDSON, BERTHA
1304 WHITNER ST
JACKSONVILLE, FL 32209 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: V () Delete
Name: JACKSON, LILLIAN
Address: 1254 WOODS ST
City-St-Zip: JACKSONVILLE, FL 32209

Title: S () Delete
Name: BUTTS, TIMOTHY
Address: 8030 BEAVER CREEK DR
City-St-Zip: JACKSONVILLE, FL 32210

Title: T () Delete
Name: DINAH, MAE
Address: 1711 MCMILLAN ST
City-St-Zip: JACKSONVILLE, FL 32209

Title: P () Delete
Name: RICHARDSON, BERTHA
Address: 1304 WHITNER ST
City-St-Zip: JACKSONVILLE, FL 322097355 US

Title: S () Delete
Name: BUCKLEY, BERNICE
Address: 1651 W. 1ST STREET
City-St-Zip: JACKSONVILLE, FL 32209

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: TIMOTHY B. BUTTS

S

04/16/2008

Electronic Signature of Signing Officer or Director

Date