

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004511

FILED
Sep 02, 2009
Secretary of State

Entity Name: SOUTHEAST RURAL COMMUNITY ASSISTANCE PROJECT, INC.

Current Principal Place of Business:

145 W. CAMPBELL AVENUE
SUITE 800
ROANOKE, VA 24011

New Principal Place of Business:

Current Mailing Address:

145 W. CAMPBELL AVENUE
SUITE 800
ROANOKE, VA 24011

New Mailing Address:

FEI Number: 54-1055050 **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:

TERRY, MARY
2135 NW 40TH TERRACE, SUITE A
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

CUPIT, HOPE
2135 NW 40TH TERRACE, SUITE A
GAINESVILLE, FL 32605 US

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: HOPE CUPIT

09/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: LEWIS, TERRY D
Address: 358 EDGAR LANE
City-St-Zip: ELBERON, VA 23846

Title: VC () Delete
Name: FRIEND, MABLE
Address: 4447 HARMONY ROAD
City-St-Zip: PRESTON, MD 21655

Title: S () Delete
Name: MOORE, CARMELA
Address: 112 N. MAIN STREET, ROOM 201
City-St-Zip: HINESVILLE, GA 31310

Title: P () Delete
Name: TERRY, MARY
Address: 3408 PITTSFIELD AVENUE
City-St-Zip: ROANOKE, VA 24017

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: P (X) Change () Addition
Name: CUPIT, HOPE
Address: 1119 AP HILL PLACE
City-St-Zip: FOREST, VA 24551

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: HOPE CUPIT

P

09/02/2009

Electronic Signature of Signing Officer or Director

Date