

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J16121

Entity Name: WHITE CITY GROVE, INC.

FILED  
Apr 06, 2009  
Secretary of State

## Current Principal Place of Business:

6043 TRAVELERS WAY  
FORT PIERCE, FL 34982

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 613  
FORT PIERCE, FL 34954

## New Mailing Address:

FEI Number: 59-2746183

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CASSENS, NORMA A  
6043 TRAVELERS WAY  
FORT PIERCE, FL 34982 US

## Name and Address of New Registered Agent:

CASSENS-AXX, NORMA F  
6043 TRAVELERS WAY  
FORT PIERCE, FL 34982 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: NORMA F CASSENS-AXX

04/06/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRS ( ) Delete  
Name: CASSENS, AXX N  
Address: 6043 TRAVELERS WAY  
City-St-Zip: FORT PIERCE, FL 34982

Title: VD ( ) Delete  
Name: DIXON, W. BRUCE JR.  
Address: 1998 SHINN ROAD  
City-St-Zip: FORT PIERCE, FL 34945

Title: S ( ) Delete  
Name: DIXON, CATHERINE C  
Address: 1998 SHINN ROAD  
City-St-Zip: FORT PIERCE, FL 34945

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRS (X) Change ( ) Addition  
Name: CASSENS-AXX, NORMA F  
Address: 6043 TRAVELERS WAY  
City-St-Zip: FORT PIERCE, FL 34982

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMA F CASSENS-AXX

PRS

04/06/2009

Electronic Signature of Signing Officer or Director

Date