

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Feb 14, 2006 08:00 AM
Secretary of State**

DOCUMENT # N00000001377			
1. Entity Name PINE GROVE COMMUNITY & RURAL DEVELOPMENT CORPORATION			
Principal Place of Business 14390 W HWY #326 MORRISTON FL 32668		Mailing Address 14390 W HWY #326 MORRISTON FL 32668	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3630391		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PULLINGS, CHESTER 14390 W HWY #326 MORRISTON FL 32668		7. Name and Address of New Registered Agent 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 reconstituting) DATE			
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	PD PULLINGS, CHESTER 14390 HWY W #326 MORRISTON FL 32668	☐ Delete	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LUCKEY, JAMES 1815 N.W. 24TH CT OCALA FL 34475	☐ Delete	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MCKEEVER, NATHANIEL 11191 NW HWY 464B OCALA FL 34482	☐ Delete	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LUCKEY, GRACIE 1815 NW 24TH CT OCALA FL 34475	☐ Delete	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOHNSON, CAROLYN 8335 NW 145 AVE. RD MORRISTON FL 32668	☐ Delete	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Add

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 which I am empowered.

SIGNATURE *[Signature]* **DATE** 2/14/06 **FILED** 2/14/06 **SECRETARY OF STATE**