

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000001377

1. Entity Name

**PINE GROVE COMMUNITY & RURAL DEVELOPMENT
CORPORATION**



Principal Place of Business

Mailing Address

**14390 W HWY #326
MORRISTON FL 32668**

**14390 W HWY #326
MORRISTON FL 32668**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/07)

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

7. Name and Address of New Registered Agent

**PULLINGS, CHESTER
14390 W HWY #326
MORRISTON FL 32668**

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 is required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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

TITLE PD ☐ Delete
NAME PULLINGS, CHESTER
STREET ADDRESS 14390 HWY W #326
CITY-ST-ZIP MORRISTON FL 32668

TITLE DV ☐ Delete
NAME LUCKEY, JAMES
STREET ADDRESS 1815 N.W. 24TH CT
CITY-ST-ZIP OCALA FL 34475

TITLE DV ☐ Delete
NAME MCKEEVER, NATHANIEL
STREET ADDRESS 11191 NW HWY 464B
CITY-ST-ZIP OCALA FL 34482

TITLE SD ☐ Delete
NAME LUCKEY, GRACIE
STREET ADDRESS 1815 NW 24TH CT
CITY-ST-ZIP OCALA FL 34475

TITLE TD ☐ Delete
NAME JOHNSON, CAROLYN
STREET ADDRESS 8335 NW 145 AVE. RD
CITY-ST-ZIP MORRISTON FL 32668

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000886654
CITY-ST-ZIP 04/18/08-80067-007 61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

C. Chester Pullings