

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001377

FILED
May 27, 2009
Secretary of State

Entity Name: PINE GROVE COMMUNITY & RURAL DEVELOPMENT CORPORATION

Current Principal Place of Business:

14390 W HWY #326
MORRISTON, FL 32668

New Principal Place of Business:

Current Mailing Address:

14390 W HWY #326
MORRISTON, FL 32668

New Mailing Address:

FEI Number: 59-3630391 **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:

Name and Address of New Registered Agent:

PULLINGS, CHESTER
14390 W HWY #326
MORRISTON, FL 32668 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PULLINGS, CHESTER
Address: 14390 HWY W #326
City-St-Zip: MORRISTON, FL 32668

Title: DV () Delete
Name: LUCKEY, JAMES
Address: 1815 N.W. 24TH CT
City-St-Zip: OCALA, FL 34475

Title: DV () Delete
Name: MCKEEVER, NATHANIEL
Address: 11191 NW HWY 464B
City-St-Zip: OCALA, FL 34482

Title: SD () Delete
Name: LUCKEY, GRACIE
Address: 1815 NW 24TH CT
City-St-Zip: OCALA, FL 34475

Title: TD () Delete
Name: JOHNSON, CAROLYN
Address: 8335 NW 145 AVE. RD
City-St-Zip: MORRISTON, FL 32668

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: CHESTER PULLINGS

PD

05/27/2009

Electronic Signature of Signing Officer or Director

Date