

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003789

FILED
Aug 27, 2009
Secretary of State

Entity Name: ALARM COMMUNITY DEVELOPMENT CENTER, INC.

Current Principal Place of Business:

2720 BLAIRSTONE RD.
BUILDING F
TALLAHASSEE, FL 32301

New Principal Place of Business:

367 MARPAN LANE
B2
TALLAHASSEE, FL 32305

Current Mailing Address:

P.O. BOX 5318
TALLAHASSEE, FL 323145318

New Mailing Address:

FEI Number: 59-3636164 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

STEWART, ALVIN JR
2720 BLAIRSTONE ROAD
SUITE C
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

STEWART, ALVIN JR
367 MARPAN LANE
B2
TALLAHASSEE, FL 32305 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

08/27/2009

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STEWART, ALVIN JR
Address: 2720 BLAIRSTONE ROAD, STE. C
City-St-Zip: TALLAHASSEE, FL 32301

Title: VD () Delete
Name: STEWART, ALVIN D JR
Address: 2720 BLAIRSTONE ROAD, STE. C
City-St-Zip: TALLAHASSEE, FL 32301

Title: SD () Delete
Name: STEWART, LISA
Address: 2720 BLAIRSTONE ROAD STE. C
City-St-Zip: TALLAHASSEE, FL 32301

Title: TD () Delete
Name: SAMSON, LAWRENCE
Address: 2306 BRYNMAHR DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: STEWART, ALVIN JR
Address: 367 MARPAN LANE B2
City-St-Zip: TALLAHASSEE, FL 32305

Title: VD (X) Change () Addition
Name: STEWART, ALVIN D JR
Address: 367 MARPAN LANE B2
City-St-Zip: TALLAHASSEE, FL 32305

Title: SD (X) Change () Addition
Name: STEWART, LISA
Address: 367 MARPAN LANE B2
City-St-Zip: TALLAHASSEE, FL 32305

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: ALVIN D STEWART JR

Electronic Signature of Signing Officer or Director

PD

08/27/2009

Date