

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004038

FILED
Apr 13, 2009
Secretary of State

Entity Name: MACON SCHOOL COMMUNITY ASSOCIATION, INCORPORATED

Current Principal Place of Business:

3028 GRADY RD
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

3028 GRADY RD
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: 59-3726367

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, RICHARD
3028 GRADY RD
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

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: DP () Delete
Name: DAVIS, RICHARD
Address: 3028 GRADY ROAD
City-St-Zip: TALLAHASSEE, FL 32312

Title: VPD () Delete
Name: JOHNSON, ODELL
Address: 214 BERMUDA ROAD
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: BARNES, SARAH
Address: 230 BERMUDA ROAD
City-St-Zip: TALLAHASSEE, FL 32312

Title: T () Delete
Name: REAVES, ALBERT
Address: 1119-B RIDGELAND ROAD
City-St-Zip: TALLAHASSEE, FL 32312

Title: T () Delete
Name: WILLIAMS, GRACE E
Address: 720 FULTON RD
City-St-Zip: TALLAHASSEE, FL 32312

Title: T () Delete
Name: DAVIS, CHARLIE C
Address: 250 BERMUDA ROAD
City-St-Zip: TALLAHASSEE, FL 32312

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
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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: RICHARD DAVIS

PD

04/13/2009

Electronic Signature of Signing Officer or Director

Date