

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004109

FILED  
Aug 25, 2009  
Secretary of State

**Entity Name:** FLORA HAMILTON ROBERTS COMMUNITY FUND CORPORATION

**Current Principal Place of Business:**

SOUTHWEST FLORIDA ENTERISES CENTER  
3903 DR.MARTIN LUTHER KING BLVD, STE #H  
FT MYERS, FL 33916

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 9326  
FORT MYERS, FL 339029326

**New Mailing Address:**

**FEI Number:** 65-1006189      **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:**

YOUNG, MATTIE S  
1540 LOCKWOOD STREET  
FORT MYERS, FL 33916      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: P      ( ) Delete  
Name: YOUNG, MATTIE S  
Address: 1540 LOCKWOOD DR  
City-St-Zip: FORT MYERS, FL 33916

Title: TD      ( ) Delete  
Name: BROCK, CHRISTINE  
Address: 12874 VISTA PINE CIRCLE  
City-St-Zip: FT MYERS, FL 33913

Title: VP      ( ) Delete  
Name: FORBES, LYNDIA  
Address: 1104 MOHAWK PARKWAY  
City-St-Zip: CAPE CORAL, FL 33914

Title: D      ( ) Delete  
Name: HICKS-WILEY, HELEN  
Address: 2511 DAVIS STREET  
City-St-Zip: FT MYERS, FL 33916

Title: S      ( ) Delete  
Name: LEFTWICH, CHERYL P  
Address: 4111 SE 1ST AVE  
City-St-Zip: CAPE CORAL, FL 33904

Title: D      ( ) Delete  
Name: GOVAN, ROSE E  
Address: 2478 DUPREE ST.  
City-St-Zip: FORT MYERS, FL 33916

**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:

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: MATTIE S. YOUNG

PRES

08/25/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date