

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # N00000006074**

1. Entity Name  
**WALKER/FORD COMMUNITY CENTER ADVISORY  
BOARD OF DIRECTORS, INC.**



Principal Place of Business  
**2301 PASCO ST.  
TALLAHASSEE, FL 32310**

Mailing Address  
**2301 PASCO ST.  
TALLAHASSEE, FL 32310**

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

03012007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-3135896**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent  
**THOMAS, JOE N  
8429 MONTE LANE  
TALLAHASSEE, FL 32305**

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is **\$61.25**  
Due by **May 1, 2007**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHATMAN, LAWRENCE 4065 BISHOP RD. TALLAHASSEE, FL 32310 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRADY, ANN 5975 BUTTON WILLOW LANE TALLAHASSEE, FL 32310 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CHATMAN, ANN 4065 BISHOP RD. TALLAHASSEE, FL 32310 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Shica D'Angelo 982 W. Breckard St L-2 Tall FL 32304 Rec. Secretary <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Shica D'Angelo 3/1/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA *RC*

