2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2009
Secretary of State

DOCUMENT# N00000006074

Entity Name: WALKER/FORD COMMUNITY CENTER ADVISORY BOARD OF DIRCTORS, INC.

Current Principal Place of Business:

2301 PASCO ST
TALLAHASSEE, FL 32310 US

New Principal Place of Business:

Current Mailing Address:

2301 PASCO ST
TALLAHASSEE, FL 32310 US

New Mailing Address:

FEI Number: 59-3135896 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

THOMAS, JOE N
8429 MONTE LANE
TALLAHASSEE, FL 32305 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: D ( ) Delete
Name: CHATMAN, LAWRENCE
Address: 4065 BISHOP RD
City-St-Zip: TALLAHASSEE, FL 32310 US

Title: D ( ) Delete
Name: GRADY, ANN
Address: 5975 BUTTON WILLOW LANE
City-St-Zip: TALLAHASSEE, FL 32310 US

Title: DT ( ) Delete
Name: CHATMAN, ANN
Address: 4065 BISHOP RD
City-St-Zip: TALLAHASSEE, FL 32310 US

Title: S ( ) Delete
Name: D'ANGELO, SHICA
Address: 982 W BREVARD ST #L-2
City-St-Zip: TALLAHASSEE, FL 32304 US

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:

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: SHICA D'ANGELO MISS 02/17/2009

Electronic Signature of Signing Officer or Director — Date