

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007139

FILED
Mar 13, 2009
Secretary of State

Entity Name: THE COMMUNITY EXPRESS, INC.

Current Principal Place of Business:

1839 S. MONROE STREET
SUITE B
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

1839 S. MONROE STREET
SUITE B
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 33-1073357

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STANLEY, KESSLA
8050 TALLEY ANN DR
TALLAHASSEE, FL 32311 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: FERGUSON, RUDOLPH L SR.
Address: 1839- B SOUTH MONROE STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: PT () Delete
Name: STANLEY, KESSLA S
Address: 8050 TALLEY ANN DR
City-St-Zip: TALLAHASSEE, FL 32311

Title: S () Delete
Name: BUTLER, KALLILAH S
Address: 1209 CLAY STREET
City-St-Zip: TALLAHASSEE, FL 32304

Title: () Delete
Name:
Address:
City-St-Zip:

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: V () Change (X) Addition
Name: WILBERT, STANLEY
Address: 1839 B SOUTH MONROE STREET
City-St-Zip: TALLAHASSEE, FL 32301

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: KESSLA STANLEY

PT

03/13/2009

Electronic Signature of Signing Officer or Director

Date