

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90043 002 ****61.25

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1. Entity Name
MOVEMENT FOR CHANGE, INC.



Principal Place of Business
1603 NORTH DAVIS HWY.
PENSACOLA, FL 32503

Mailing Address
P.O. BOX 9196
PENSACOLA, FL 32513



01102008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-3682100
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THOMAS, DOROTHY L
620 CESSNA DR
PENSACOLA, FL 32506

**DO NOT WRITE
IN THIS SPACE**

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 Dorothy L. Thomas Treasurer Dorothy L. Thomas Jan. 13, 2008
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
First Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME BOYD, LEROY
STREET ADDRESS 208 HART DRIVE
CITY-ST-ZIP PENSACOLA, FL 32503

TITLE S
NAME DEAN, SHIRLEY
STREET ADDRESS 2704 GODWIN LANE
CITY-ST-ZIP PENSACOLA, FL 32526

TITLE DT
NAME MILTON, RITA
STREET ADDRESS 306 ARDA AVE
CITY-ST-ZIP PENSACOLA, FL 32503

TITLE DT Treasurer
NAME THOMAS, DOROTHY
STREET ADDRESS 620 CESSNA DR
CITY-ST-ZIP PENSACOLA, FL 32506

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 Leroy Boyd President 1/14/08 850 432-4411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #