

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001024

FILED
Feb 08, 2008
Secretary of State

Entity Name: BUTLER'S COMMUNITY SERVICES, INC.

Current Principal Place of Business:

3771 HWY 69
GREENWOOD, FL 32443

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 409
GREENWOOD, FL 32443

New Mailing Address:

FEI Number: 59-3649580

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUTLER, IDWELLA
3771 HWY 69
GREENWOOD, FL 32443 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: P () Delete
Name: BUTLER, IDWELLA G
Address: P.O. BOX 409
City-St-Zip: GREENWOOD, FL 32443

Title: VP () Delete
Name: HARRIS, KENDRICK G SR
Address: 3380 FRED GEORGE ROAD APT. 215
City-St-Zip: TALLAHASSEE, FL 32303

Title: T () Delete
Name: LONG, EMMETT L JR
Address: 6087 FORT ROAD
City-St-Zip: GREENWOOD, FL 32443

Title: S () Delete
Name: BATSON, ETHEL H
Address: 3896 SYLVANIA PLANTATION ROAD
City-St-Zip: GREENWOOD, FL 32443

Title: T () Delete
Name: JENNINGS, LILLIE B
Address: 3891 HWY 69
City-St-Zip: GREENWOOD, FL 32443

Title: BM () Delete
Name: ADAMS, LESLEY
Address: 4360 PEARL ST.
City-St-Zip: MARIANNA, FL 32448

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: HARRIS, KENDRICK G SR
Address: 2655 AMBER TRACE
City-St-Zip: TALLAHASSEE, FL 32303

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: IDWELLA BUTLER

P

02/08/2008

Electronic Signature of Signing Officer or Director

Date