

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002294

FILED
Apr 30, 2009
Secretary of State

Entity Name: ARCHER COMMUNITY ACCESS CENTER, INC.

Current Principal Place of Business:

12969 SW 170 ST
ARCHER, FL 32618

New Principal Place of Business:

Current Mailing Address:

12969 SW 170 ST
ARCHER, FL 32618

New Mailing Address:

FEI Number: 59-3714462

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KHALFANI, CAROLYN Y
7611 S.W. 194 ST.
ARCHER, FL 32618 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: KHALFANI, CAROLYN Y
Address: 7611 S.W. 194 ST.
City-St-Zip: ARCHER, FL 32618

Title: D () Delete
Name: CAUDRON, ARMAND
Address: 17079 SW 138 LN
City-St-Zip: ARCHER, FL 32618

Title: P () Delete
Name: FAUCHER, ROGER
Address: 1286 HENDERSON CREEK DR 3
City-St-Zip: NAPLES, FL 34114

Title: T () Delete
Name: PIERRE, KENRICK
Address: 2601 N.W. 23RD BLVD
City-St-Zip: GAINESVILLE, FL 32602

Title: D () Delete
Name: KHALFANI, AKIL A
Address: 7611 SW 194TH ST
City-St-Zip: ARCHER, FL 32618

Title: D () Delete
Name: BARBER, CAROL
Address: 2226 N.W. 5TH PLACE
City-St-Zip: GAINESVILLE, FL 32603

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: FAUCHER, ROGER
Address: 1286 HENDERSON CREEK DR 3
City-St-Zip: NAPLES, FL 34114

Title: T (X) Change () Addition
Name: PIERRE, KENRICK
Address: 9320 N.W. 13TH STREET
City-St-Zip: PEMBROKE PINES, FL 33024

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: CAROLYN Y. KHALFANI

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date