2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# N01000004675

Entity Name: T.J. ROULHAC ENRICHMENT AND ACTIVITY CENTER, INC.

Current Principal Place of Business:

651 PECAN ST.
CHIPLEY, FL 32428

New Principal Place of Business:

Current Mailing Address:

PO BOX 136
CHIPLEY, FL 32428

New Mailing Address:

FEI Number: 31-1811528 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BROWN, THOMAS J ESQ.
1102 EAST TENNESSEE ST.
TALLAHASSEE, FL 32308 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:	ROBINSON, JOSEPHINE	
Address:	846 ORANGE HILL RD.	
City-St-Zip:	CHIPLEY, FL 32428	
Title:	PRES	( ) Delete
Name:	BLOUNT, LEONARD	
Address:	102 BENNETT DRIVE	
City-St-Zip:	CHIPLEY, FL 32428	
Title:	SEC	( ) Delete
Name:	JOHNSON, SALLIE	
Address:	1290 MERRY ACRES DRIVE	
City-St-Zip:	CHIPLEY, FL 32428	
Title:	VP	( ) Delete
Name:	WOOD, THELMA	
Address:	2767 OWENS COMMUNITY RD.	
City-St-Zip:	VERNON, FL 32462	
Title:	D	( ) Delete
Name:	SHEFFIELD, VALDEE D	
Address:	2281 HARMON RD.	
City-St-Zip:	CHIPLEY, FL 32428	
Title:	TREA	( ) Delete
Name:	SHEFFIELD, EULESS	
Address:	2281 HARMON ROAD	
City-St-Zip:	CHIPLEY, FL 32428	

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:	
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: VALDEE SHEFFIELD, M.D. D 04/22/2009

Electronic Signature of Signing Officer or Director — Date