


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2008 8:00 am
Secretary of State

01-23-2008 90013 001 ***122.50

DOCUMENT # N01000006877 1. Entity Name THE ALLEN COMMUNITY DEVELOPMENT AND SERVICE CENTER, INCORPORATED	
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Principal Place of Business 500 N GUILLEMARD ST PENSACOLA, FL 32501	Mailing Address 500 N GUILLEMARD ST PENSACOLA, FL 32501
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DO NOT WRITE IN THIS SPACE

66000269



01162008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3749697	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEATHERSPOON, EDWARD
6231 AUDUBON DR
PENSACOLA, FL 32504

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD TAYLOR, CARLTON L REV 10378 MC ARTHUR LN PENSACOLA, FL 32534
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEATHERSPOON, EDWARD 6231 AUDUBON DR PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROWN, CARRIE L 708 BAKER ST PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FD GLOVER, JANIE P.O. BOX 13004 PENSACOLA, FL 39591
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JENKINS, BERNARD 7140 MOORE AVENUE PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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: Edward Weatherspoon EDWARD WEATHERSPOON 1-18-08 (850) 478-1912
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #