

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006877

FILED
Jan 18, 2009
Secretary of State

Entity Name: THE ALLEN COMMUNITY DEVELOPMENT AND SERVICE CENTER, INCORPORATED

Current Principal Place of Business:

500 N GUILLEMARD ST
PENSACOLA, FL 32501

New Principal Place of Business:

Current Mailing Address:

500 N GUILLEMARD ST
PENSACOLA, FL 32501

New Mailing Address:

PO BOX 17787
PENSACOLA, FL 32522 US

FEI Number: 59-3749697

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEATHERSPOON, EDWARD
6231 AUDUBON DR
PENSACOLA, FL 32504 US

Name and Address of New Registered Agent:

GLOVER, JANIE E FINANCE
4326 CEDARVIEW COURT
PENSACOLA, FL 32504 US

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: JANIE E. GLOVER

01/18/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: TAYLOR, CARLTON L REV
Address: 10378 MC ARTHUR LN
City-St-Zip: PENSACOLA, FL 32534

Title: TD () Delete
Name: WEATHERSPOON, EDWARD
Address: 6231 AUDUBON DR
City-St-Zip: PENSACOLA, FL 32504

Title: SD () Delete
Name: BROWN, CARRIE L
Address: 708 BAKER ST
City-St-Zip: PENSACOLA, FL 32505

Title: FD () Delete
Name: GLOVER, JANIE
Address: P.O. BOX 13004
City-St-Zip: PENSACOLA, FL 39591

Title: TD () Delete
Name: JENKINS, BERNARD
Address: 7140 MOORE AVENUE
City-St-Zip: PENSACOLA, FL 32526

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change () Addition
Name: GRICE, ETHEL
Address: 1225 WEST BOBE STREET
City-St-Zip: PENSACOLA, FL 32501

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: JANIE E. GLOVER

FD

01/18/2009

Electronic Signature of Signing Officer or Director

Date