

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90012 017 ***61.25

DOCUMENT # N02000000037					
1. Entity Name HIGH SPRINGS COMMUNITY DEVELOPMENT CORPORATION					
Principal Place of Business 235 NW 2ND ST HIGH SPRINGS, FL 32643			Mailing Address 235 NW 2ND ST HIGH SPRINGS, FL 32643		
2. Principal Place of Business		3. Mailing Address PO Box 1868			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State High Springs FL		City & State High Springs FL 32655		4. FEI Number 30-0034228	
Zip 32643		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARVEY, AMBER 23279 N.W. 200 LANE HIGH SPRINGS, FL 32643			7. Name and Address of New Registered Agent Name: David Crawford Street Address (P.O. Box Number is Not Acceptable): 10618 NW 60th Terrace City: Alachua FL Zip Code: 32615		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE: </div> <div style="width: 40%; text-align: right;"> 2/20/06 </div> <div style="width: 20%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME GABRIEL, JIM STREET ADDRESS 215 S. MAIN STREET CITY-ST-ZIP HIGH SPRINGS, FL 32643	<input checked="" type="checkbox"/> Delete		TITLE P NAME Dodson, Jim STREET ADDRESS 187 SE Cataldo Glen CITY-ST-ZIP High Springs FL 32643	Change <input checked="" type="checkbox"/> Addition	
TITLE V NAME FLAITS, SANDY STREET ADDRESS P.O. BOX 927 CITY-ST-ZIP HIGH SPRINGS, FL 32655	<input checked="" type="checkbox"/> Delete		TITLE V NAME Kostek, Bridgette STREET ADDRESS 110 NE 1st Ave. CITY-ST-ZIP High Springs FL 32643	Change <input checked="" type="checkbox"/> Addition	
TITLE S NAME HARDEN, HOLLY STREET ADDRESS P.O. BOX 2314 CITY-ST-ZIP HIGH SPRINGS, FL 32655	<input checked="" type="checkbox"/> Delete		TITLE MAL NAME Eppenstein, Kirk STREET ADDRESS PO Box 205 CITY-ST-ZIP High Springs FL 32655	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME TORCHYN, SUSAN STREET ADDRESS 35 N. MAIN STREET CITY-ST-ZIP HIGH SPRINGS, FL 32643	<input type="checkbox"/> Delete		TITLE T NAME Turchyn, Susan STREET ADDRESS 27264 NW 203 Place CITY-ST-ZIP High Springs, FL 32643	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MAL NAME HALL, JESSICA STREET ADDRESS P.O. BOX 358 CITY-ST-ZIP HIGH SPRINGS, FL 32655	<input type="checkbox"/> Delete		TITLE MAL NAME Hale, Jessica STREET ADDRESS PO Box 358 CITY-ST-ZIP High Springs FL 32655	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MAL NAME PETERS, JEANETTE STREET ADDRESS P.O. BOX 2076 CITY-ST-ZIP HIGH SPRINGS, FL 32655	<input checked="" type="checkbox"/> Delete		TITLE MAL NAME Heuss, Constance STREET ADDRESS 6823 NW 218 St. CITY-ST-ZIP Alachua FL 32615	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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:			2-22-06 386 484 5536		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		