2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2009
Secretary of State

DOCUMENT# N02000000037

Entity Name: HIGH SPRINGS COMMUNITY DEVELOPMENT CORPORATION

Current Principal Place of Business:

95 NW 1ST AVENUE
HIGH SPRINGS, FL 32643

New Principal Place of Business:

405 NORTH MAIN STREET
HIGH SPRINGS, FL 32643

Current Mailing Address:

P.O. BOX 1868
HIGH SPRINGS, FL 32655

New Mailing Address:

FEI Number: 30-0034228 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AMBROSE, ROSS
95 NW 1ST AVENUE
HIGH SPRINGS, FL 32643 US

Name and Address of New Registered Agent:

AMBROSE, ROSS
405 NORTH MAIN STREET
HIGH SPRINGS, FL 32643 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: _____ 02/24/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: REGENSDORF, LUCIE
Address: 420 NW 1ST AVENUE
City-St-Zip: HIGH SPRINGS, FL 32643

Title: V ( ) Delete
Name: VANOVER, MARILYN
Address: 26603 NW 160 PLACE
City-St-Zip: HIGH SPRINGS, FL 32643

Title: MAL ( ) Delete
Name: EPPENSTEIN, KIRK
Address: P.O. BOX 205
City-St-Zip: HIGH SPRINGS, FL 32655

Title: T ( ) Delete
Name: AMBROSE, ROSS
Address: 230 SE 6TH AVENUE
City-St-Zip: HIGH SPRINGS, FL 32643

Title: S (X) Delete
Name: PULTS, KATHY
Address: 22221 NW 227TH DRIVE
City-St-Zip: HIGH SPRINGS, FL 32643

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change ( ) Addition
Name: HEWLETT, TOM
Address: 315 SE 6TH LANE
City-St-Zip: HIGH SPRINGS, FL 32643

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: ROSS AMBROSE T 02/24/2009
Electronic Signature of Signing Officer or Director — Date