

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N02000001756

1. Entity Name

MT. TRIAL COMMUNITY DEVELOPMENT CENTER, INC.



Principal Place of Business

Mailing Address

1418 SOPCHOPPY HWY
SOPCHOPPY FL 32358

43 GREENLEN VILLA RD
CRAWFORDVILLE FL 32327

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

04-3619650

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NELSON, RANDY
134 KATHY ANN DR
CRAWFORDVILLE FL 32327

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

T ☐ Delete
NAME: HORDGES, SAMUEL
STREET ADDRESS: 798 ARRAN RD
CITY-STATE-ZIP: CRAWFORDVILLE FL 32327

P ☐ Delete
NAME: NELSON, RANDY
STREET ADDRESS: 134 KATHY ANN DR.
CITY-STATE-ZIP: CRAWFORDVILLE FL 32327

S ☐ Delete
NAME: COLES, AUDREY
STREET ADDRESS: PINE GREEN RD
CITY-STATE-ZIP: SOPCHOPPY FL 32358

VP ☐ Delete
NAME: PLUMMER, BERNARD
STREET ADDRESS: 63 ANDREW HARGRETT RD
CITY-STATE-ZIP: CRAWFORDVILLE FL 32327

D ☐ Delete
NAME: PORTER, LEON
STREET ADDRESS: 1193 SOPCHOPPY HWY
CITY-STATE-ZIP: SOPCHOPPY FL 32358

☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:
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☐ Change ☐ Addition
NAME:
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CITY-STATE-ZIP:

☐ Change ☐ Addition
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CITY-STATE-ZIP:

☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/9/07 (450) 980-0536

APPROVED
AND
FILED

07 APR 27 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

