

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001756

FILED  
Mar 12, 2009  
Secretary of State

Entity Name: MT. TRIAL COMMUNITY DEVELOPMENT CENTER, INC.

## Current Principal Place of Business:

1418 SOPCHOPPY HWY  
SOPCHOPPY, FL 32358 US

## New Principal Place of Business:

## Current Mailing Address:

43 GREENLEN VILLA RD  
CRAWFORDVILLE, FL 32327 US

## New Mailing Address:

43 GREENLIN VILLA RD  
CRAWFORDVILLE, FL 32327 US

FEI Number: 04-3619650

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NELSON, RANDY  
134 KATHY ANN DR  
CRAWFORDVILLE, FL 32327 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: T ( ) Delete  
Name: HORDGES, SAMUEL  
Address: 798 ARRAN RD  
City-St-Zip: CRAWFORDVILLE, FL 32327 US

Title: P ( ) Delete  
Name: NELSON, RANDY  
Address: 134 KATHY ANN DR  
City-St-Zip: CRAWFORDVILLE, FL 32327 US

Title: S (X) Delete  
Name: COLES, AUDREY  
Address: PINE GREEN RD  
City-St-Zip: SOPCHOPPY, FL 32358 US

Title: VP ( ) Delete  
Name: PLUMMER, BERNARD  
Address: 63 ANDREW HARGRETT RD  
City-St-Zip: CRAWFORDVILLE, FL 32327 US

Title: D ( ) Delete  
Name: PORTER, LEON  
Address: 1193 SOPCHOPPY HWY  
City-St-Zip: SOPCHOPPY, FL 32358 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: RANDY NELSON

P

03/12/2009

Electronic Signature of Signing Officer or Director

Date