

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004924

FILED
Apr 24, 2008
Secretary of State

Entity Name: THE GREATER LAKE CITY COMMUNITY DEVELOPMENT CORPORATION, INC.

Current Principal Place of Business:

363 BASCOM NORRIS DRIVE
LAKE CITY, FL 32055

New Principal Place of Business:

Current Mailing Address:

363 BASCOM NORRIS DRIVE
LAKE CITY, FL 32055

New Mailing Address:

FEI Number: 04-3709254

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCKELLUM, LESTER
363 BASCOM NORRIS DRIVE
LAKE CITY, FL 32055 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: D () Delete
Name: MCKELLUM, LESTER
Address: 363 BASCOM NORRIS DRIVE
City-St-Zip: LAKE CITY, FL 32055

Title: D () Delete
Name: MCKELLUM, MARY
Address: 363 BASCOM NORRIS DRIVE
City-St-Zip: LAKE CITY, FL 32055

Title: S () Delete
Name: POWELL, BETTY
Address: 448 SW MADEWOOD DR
City-St-Zip: LAKE CITY, FL 32024

Title: D () Delete
Name: PROVITT, ROBERT D REV
Address: 7500 TALLEY ANN DR
City-St-Zip: TALLAHASSEE, FL 32311

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: JOHNSON, WILLIAM
Address: 2128 S.W. MAIN BLVD., #101
City-St-Zip: LAKE CITY, FL 32025

Title: D () Change (X) Addition
Name: MACRAE, DONNA S ESQUIRE
Address: 334 N.W. LAKE CITY AVENUE
City-St-Zip: LAKE CITY, FL 32055

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: DONNA S. MACRAE

D

04/24/2008

Electronic Signature of Signing Officer or Director

Date