

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 08:00 A
Secretary of State

DOCUMENT # N02000006643

1. Entity Name
**GEORGE WASHINGTON CARVER COMMUNITY
CENTER, INC.**



Principal Place of Business
**4719 N. CHAMPION POINT
CRYSTAL RIVER, FL 34428**

Mailing Address
**POST OFFICE BOX 1212
CRYSTAL RIVER, FL 34423**



02162007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0871286

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROBINSON, WILLIAM L
4719 N. CHAMPION POINT
CRYSTAL RIVER, FL 34428**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution.

☒ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BROOKS, KENNETH W
6398 W PINE RIDGE BLVD
BEVERLY HILLS, FL 34465**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
NATTEAL, CORESSA
1044 N.W. FIRST AVENUE
CRYSTAL RIVER, FL 34428**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROBINSON, WILLIAM L
4719 N. CHAMPION POINT
CRYSTAL RIVER, FL 34428**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
THOMAS, LEON
823 N.E. FIFTH STREET
CRYSTAL RIVER, FL 34429**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BROOKS, ROZINA
905 N.E. FIRST STREET
CRYSTAL RIVER, FL 34429**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000690645
04/11/07-80085-001 75.00

**DO NOT WRITE
IN THIS SPACE**

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:

William L. Robinson Jr.
WILLIAM L. ROBINSON JR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-07

Date

352-7952406

Daytime Phone #