


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90024 025 ****61.25

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		
2. Principal Place of Business - No P.O. Box # 555 NE 3rd AVE		3. Mailing Address P.O. Box 1212			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Crystal River, FL		City & State Crystal River		4. FEI Number 20-0871286	
Zip 34429		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				03262008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent ROBINSON, WILLIAM L 4719 N. CHAMPION POINT CRYSTAL RIVER, FL 34428			7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME BROOKS, KENNETH W STREET ADDRESS 6398 W PINE RIDGE BLVD CITY - ST - ZIP BEVERLY HILLS, FL 34465	<input type="checkbox"/> Delete		TITLE D NAME Raye Francis Joyner STREET ADDRESS 886 NE 6th ST CITY - ST - ZIP Crystal River, FL 34429	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME NATTEAL, CORESSA STREET ADDRESS 1044 N.W. FIRST AVENUE CITY - ST - ZIP CRYSTAL RIVER, FL 34428	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME ROBINSON, WILLIAM L STREET ADDRESS 4719 N. CHAMPION POINT CITY - ST - ZIP CRYSTAL RIVER, FL 34428	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME THOMAS, LEON STREET ADDRESS 823 N.E. FIFTH STREET CITY - ST - ZIP CRYSTAL RIVER, FL 34429	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME BROOKS, ROZINA STREET ADDRESS 905 N.E. FIRST STREET CITY - ST - ZIP CRYSTAL RIVER, FL 34429	<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Kenneth W. Brooks Jr.</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			04/01/08 (352) 794 0010 Day Daytime Phone #		