2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N02000006643

Entity Name: GEORGE WASHINGTON CARVER COMMUNITY CENTER, INC.

Current Principal Place of Business:

555 NE 3RD AVE
CRYSTAL RIVER, FL 34429

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1212
CRYSTAL RIVER, FL 34423

New Mailing Address:

FEI Number: 20-0871286 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBINSON, WILLIAM L
4719 N. CHAMPION POINT
CRYSTAL RIVER, FL 34428 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: BROOKS, KENNETH W
Address: 6398 W PINE RIDGE BLVD
City-St-Zip: BEVERLY HILLS, FL 34465

Title: D ( ) Delete
Name: NATTEAL, CORESSA
Address: 1044 N.W. FIRST AVENUE
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: D ( ) Delete
Name: ROBINSON, WILLIAM L
Address: 4719 N. CHAMPION POINT
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: D ( ) Delete
Name: THOMAS, LEON
Address: 823 N.E. FIFTH STREET
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: D ( ) Delete
Name: JOYNER, RAYE F
Address: 886 NE 6TH ST
City-St-Zip: CRYSTAL RIVER, FL 34429

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

Title: D ( ) Change (X) Addition
Name: HOPKINS, JACKIE
Address: 871 NE 5TH TERRACE
City-St-Zip: CRYSTAL RIVER, FL 34428

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: LEON L. THOMAS, SR. PL 04/28/2009

Electronic Signature of Signing Officer or Director — Date