

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000006973

**FILED**  
**Mar 30, 2010**  
**Secretary of State**

**Entity Name:** SHACKLES BREAKING COMMUNITY DEVELOPMENT, INC.

**Current Principal Place of Business:**

1072 SAWYER ST  
PENSACOLA, FL 32534

**New Principal Place of Business:**

**Current Mailing Address:**

1072 SAWYER ST  
PENSACOLA, FL 32534

**New Mailing Address:**

**FEI Number:** 56-2292293

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JONES, PAUL L  
1072 SAWYER ST  
PENSACOLA, FL 32534 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:** PD  
**Name:** JONES, PAUL L  
**Address:** 7961 HOBART AVE  
**City-St-Zip:** PENSACOLA, FL 32534

**Title:** VD  
**Name:** JONES, SHARON D  
**Address:** 7961 HOBART AVE  
**City-St-Zip:** PENSACOLA, FL 32534

**Title:** D  
**Name:** NEWTON, CHRISTIAN J  
**Address:** 7961 HOBART AVE  
**City-St-Zip:** PENSACOLA, FL 32534

**Title:** TD  
**Name:** LEWIS, RENEE  
**Address:** 3618 NORTH  
**City-St-Zip:** PENSACOLA, FL 32505

**Title:** SD  
**Name:** GATSON, CHAMERE  
**Address:** 1970 JOSHUA DR.  
**City-St-Zip:** CANTONMENT, FL 32533

I hereby 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 all other like empowered.

**SIGNATURE:** PAUL L. JONES, SR.

PD

03/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date