

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007674

FILED
Jan 24, 2005
Secretary of State

Entity Name: SWM COMMUNITY DEVELOPMENT, INC.

Current Principal Place of Business:

1979 JOSHUA DR.
CANTONMENT, FL 325334626

New Principal Place of Business:

Current Mailing Address:

1979 JOSHUA DR.
CANTONMENT, FL 325334626

New Mailing Address:

FEI Number: 54-2077018

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ABNEY, MICHAEL F SR.
1979 JOSHUA DR.
CANTONMENT, FL 325334626 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: PCD () Delete
Name: ABNEY, MICHAEL F SR.
Address: 1979 JOSHUA DR.
City-St-Zip: CANTONMENT, FL 325334626

Title: CD () Delete
Name: MCCREARY, BRENDA
Address: 5778 CEDARTOWN RD
City-St-Zip: MOLINO, FL 32577

Title: D () Delete
Name: PURIFOY, MARY
Address: 611 WASHINGTON ST
City-St-Zip: CANTONMENT, FL 32533

Title: D () Delete
Name: WILLIAMS, AMBER
Address: 1650 AUSTELL RD SW APT 1103
City-St-Zip: MARIETTA, GA 30008

Title: D () Delete
Name: MCCREE, CAROLYN
Address: 128 FORT SMITH CIR
City-St-Zip: PENSACOLA, FL 32505

Title: D (X) Delete
Name: ABNEY, INGRAM
Address: 9170 WOODRUN RD.
City-St-Zip: PENSACOLA, FL 32514

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 (X) Change () Addition
Name: ABNEY, INGRAM
Address: 9170 WOODRUN RD.
City-St-Zip: PENSACOLA, FL 32514

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MICHAEL F. ABNEY

PCD

01/24/2005

Electronic Signature of Signing Officer or Director

Date