

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007830

FILED
Jan 31, 2005
Secretary of State

Entity Name: THE FRANCES HODGE COMMUNITY CENTER, INC.

Current Principal Place of Business:

62 TURNSTILE DR
COPELAND, FL 34137

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 68
COPELAND, FL 34137

New Mailing Address:

FEI Number: 54-2103235

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BUCHANAN, ELEANOR
238 OLD TRAIN LN
COPELAND, FL 34137 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: BUCHANAN, ELEANOR
Address: 238 OLD TRAIN LANE
City-St-Zip: COPELAND, FL 34137

Title: D () Delete
Name: HODGE, FRANCES
Address: 231 BROCKINGTON DR
City-St-Zip: COPELAND, FL 34137

Title: D () Delete
Name: REYNOLDS, MARILYN
Address: HC 2
City-St-Zip: OLD TOWN, FL 32680

Title: D () Delete
Name: BRUTUS, CHARLIE
Address: 216 SINGLETARY ST
City-St-Zip: COPELAND, FL 34137

Title: D () Delete
Name: MCGEE, GLEN
Address: 216 BROCKINGTON DRIVE
City-St-Zip: COPELAND, FL 34137

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CFO (X) Change () Addition
Name: BUCHANAN, ELEANOR
Address: 238 OLD TRAIN LANE
City-St-Zip: COPELAND, FL 34137

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

Title: D (X) Change () Addition
Name: SMITH, MARILYN
Address: 929 N. E. 410 AVE
City-St-Zip: OLD TOWN, FL 32680

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

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

Title: D () Change (X) Addition
Name: SMITH, JOE
Address: 929 N. E. 410 AVE
City-St-Zip: OLD TOWN, FL 32680

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: ELEANOR J. BUCHANAN

CFO

01/31/2005

Electronic Signature of Signing Officer or Director

Date