2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2010
Secretary of State

DOCUMENT# N02000007830

Entity Name: THE FRANCES HODGE COMMUNITY CENTER, INC.

Current Principal Place of Business:

210 TURNSTILE DR
COPELAND, FL 34137

New Principal Place of Business:

Current Mailing Address:

933 N. E. 410 AVE.
1769
OLD TOWN, FL 32680

New Mailing Address:

P O BOX 456
CHOKOLOSKEE, FL 34138

FEI Number: 54-2103235 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUCHANAN, ELEANOR
933 N. E. 410 AVE.
1769
OLD TOWN, FL 32680 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: CFO
Name: BUCHANAN, ELEANOR
Address: 933 N. E. 410 AVE, # 1769
City-St-Zip: OLD TOWN, FL 32680

Title: VP
Name: BRYAN, HELEN
Address: 169 LOPEZ LANE NORTH
City-St-Zip: CHOKOLOSKEE, FL 34138

Title: D
Name: REPKO, MARYA
Address: 102 BROADWAY EAST, #107
City-St-Zip: EVERGLADES CITY, FL 34139

Title: D
Name: HUFF, PATRICIA
Address: 207 STORTER AVENUE NORTH
City-St-Zip: EVERGLADES CITY, FL 34139

Title: D
Name: GERVAIS, TAMMY
Address: 306 COPELAND AVENUE NORTH
City-St-Zip: EVERGLADES CITY, FL 34139

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: MARYA REPKO D 04/30/2010

Electronic Signature of Signing Officer or Director — Date