2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2009
Secretary of State

DOCUMENT# N03000002978

Entity Name: THOMAS COMMUNITY CENTER, INC.

Current Principal Place of Business:

18140 N. HWY 329
REDDICK, FL 32686

New Principal Place of Business:

Current Mailing Address:

8341 W HWY 318
REDDICK, FL 32686

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, GEORGE E
8341 W HIGHWAY 318
REDDICK, FL 32686 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:	SMITH, GEORGE E	
Address:	8341 W HWY 318	
City-St-Zip:	REDDICK, FL 32686	
Title:	D	( ) Delete
Name:	BREWER, MEHOGANY	
Address:	9601 W HIGHWAY 318	
City-St-Zip:	REDDICK, FL 32686	
Title:	D	( ) Delete
Name:	RANSAW, REUBEN	
Address:	18920 N HWY 329	
City-St-Zip:	MICANOPY, FL 32667	
Title:	D	( ) Delete
Name:	DUNCAN, WILLIE	
Address:	10344 NW 177TH PLACE	
City-St-Zip:	REDDICK, FL 32686	
Title:	D	( ) Delete
Name:	THOMAS, DETRA	
Address:	15275 NW GAINESVILLE RD	
City-St-Zip:	REDDICK, FL 32686	
Title:	D	( ) Delete
Name:	HAYES, MARY	
Address:	19880 HWY 329 HWY	
City-St-Zip:	MICANOPY, FL 32667	

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

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: GEORGE E. SMITH MR. 03/01/2009

Electronic Signature of Signing Officer or Director — Date