

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000025

FILED
Mar 26, 2007
Secretary of State

Entity Name: PILLAR COMMUNITY FOUNDATION, INC.

Current Principal Place of Business:

625 SW AVE B
BELLE GLADE, FL 33430

New Principal Place of Business:

Current Mailing Address:

PO BOX 331
BELLE GLADE, FL 33430

New Mailing Address:

FEI Number: 01-0811049

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SMITH, CHARLES
1140 18TH AVE NORTH
#2
LAKE WORTH, FL 33460 US

Name and Address of New Registered Agent:

SMITH, CHARLES
1140 18TH AVE NORTH
2
LAKE WORTH, FL 33460 US

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: CHARLES SMITH

03/26/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RUSSELL, GERALDINE S
Address: 275 SE 2ND AVE,
City-St-Zip: SOUTH BAY, FL 33493

Title: VD () Delete
Name: MCDIFFIE, JIMMY
Address: 1142 NW 30TH TERR.
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: TD () Delete
Name: SMITH, TERRY
Address: 1229 SW AVE C
City-St-Zip: BELLA GLADE, FL 33430

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RUSSELL, GERALDINE S
Address: 275 SE 2ND AVE
City-St-Zip: SOUTH BAY, FL 33493

Title: VD (X) Change () Addition
Name: MCDIFFIE, JIMMY
Address: 1142 NW 30TH TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: TD (X) Change () Addition
Name: SMITH, TERRY
Address: 1229 SW AVE C
City-St-Zip: BELLE GLADE, FL 33430

I hereby certify that the information supplied with this filing does not qualify for the 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: GERALDINE S. RUSSELL

PD

03/26/2007

Electronic Signature of Signing Officer or Director

Date