

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90396 034 \*\*\*\*70.00

**DOCUMENT # N04000002215**

1. Entity Name  
**HISTORIC CENTRAL ACADEMY PRESERVATION AND  
COMMUNITY DEVELOPMENT CORPORATION, INC.**



Principal Place of Business  
**1405 ST. JOHNS AVENUE  
PALATKA, FL 32177**

Mailing Address  
**1405 ST. JOHNS AVENUE  
PALATKA, FL 32177**



2. Principal Place of Business - No P.O. Box #  
**115 PINYON LANE**

3. Mailing Address  
**115 PINYON LANE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03082007 Chg-NP CR2E037 (12/06)

City & State  
**PALATKA FL**

City & State  
**PALATKA FL**

4. FEI Number  
**51-0540982**

Applied For  
Not Applicable

Zip  
**32177**

Country  
**USA**

Zip  
**32177**

Country  
**USA**

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**HUTCHERSON, LAWRENCE  
1405 ST. JOHNS AVENUE  
PALATKA, FL 32177**

**7. Name and Address of New Registered Agent**

Name  
**MCCOY SHEILA**  
Street Address (P.O. Box Number is Not Acceptable)  
**115 PINYON LANE**

City  
**PALATKA** **FL** Zip Code  
**32177**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE SHEILA MCCOY Sheila McCoy 4/5/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**C  
DALLAS, RALPH JR  
899 NORTH STATE ROAD 19  
PALATKA, FL 32177** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
MCCOY, SHEILA  
115 PINYON LANE  
PALATKA, FL 32177** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
KEYSER, TIMOTHY  
POB 92  
INTERLACHEN, FL 321480092** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
SMITH, DOTHEA  
POB 273  
PALATKA, FL 321780273** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
CALHOUN, KIP  
POB 251  
PALATKA, FL 321780251** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CALHOUN, DAVID  
POB 251  
PALATKA, FL 321780251** ☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or representative empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ralph Dallas  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-07

Payable To: \_\_\_\_\_