

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002215

FILED
Apr 15, 2009
Secretary of State

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

Current Principal Place of Business:

115 PINYON LANE
PALATKA, FL 32177

New Principal Place of Business:

Current Mailing Address:

PO BOX 427
PALATKA, FL 32178

New Mailing Address:

FEI Number: 51-0540982

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCOY, SHEILA
115 PINYON LANE
PALATKA, FL 32177 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: C () Delete
Name: DALLAS, RALPH JR
Address: 899 NORTH STATE ROAD 19
City-St-Zip: PALATKA, FL 32177

Title: P () Delete
Name: MCCOY, SHEILA
Address: 115 PINYON LANE
City-St-Zip: PALATKA, FL 32177

Title: S () Delete
Name: SMITH, DOTHEA
Address: POB 273
City-St-Zip: PALATKA, FL 321780273

Title: T () Delete
Name: CALHOUN, KIP
Address: POB 251
City-St-Zip: PALATKA, FL 321780251

Title: V () Delete
Name: CALHOUN, DAVID
Address: PO BOX 251
City-St-Zip: PALATKA, FL 32178

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

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: D () Change (X) Addition
Name: BOSTIC, MARGARET
Address: 625 PUTNAM COUNTY BLVD
City-St-Zip: EAST PALATKA, FL 32131

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: SHEILA MCCOY

P

04/15/2009

Electronic Signature of Signing Officer or Director

Date