2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2010
Secretary of State

DOCUMENT# N04000002215

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 ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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
Name: DALLAS, RALPH JR
Address: 899 NORTH STATE ROAD 19
City-St-Zip: PALATKA, FL 32177

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

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

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

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

Title: D
Name: WILLIAMS, JAMES JR
Address: 1425 OCEAN STREET
City-St-Zip: PALATKA, FL 32177

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: KIP CALHOUN TREA 05/01/2010
Electronic Signature of Signing Officer or Director Date