

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002215

FILED  
Apr 29, 2012  
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  
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

04/29/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date