

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008191

FILED
Sep 07, 2005
Secretary of State

Entity Name: G - MOUNT SOCIAL DEVELOPMENT, INCORPORATION

Current Principal Place of Business:

POST OFFICE BOX 355
CALLAHAN, FL 32011

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 355
CALLAHAN, FL 32011

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **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:

WILLIAMS, COREY D
1000 BROWARD ROAD
APT. 406
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

BLUE, TYRONE A
P.O. BOX 332/45204 MORGAN CIRCLE
CALLAHAN, FL 32011 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: TYRONE A. BLUE

09/07/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILLIAMS, COREY D
Address: 1000 BROWARD ROAD #406
City-St-Zip: JACKSONVILLE, FL 32218

Title: V () Delete
Name: GARVIN, WILLIE B
Address: 54047 PELICAN DRIVE
City-St-Zip: CALLAHAN, FL 32011

Title: T () Delete
Name: BLUE, LARRY
Address: 55062 WETLAND WAY
City-St-Zip: CALLAHAN, FL 32011

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BLUE, TYRONE A
Address: P.O. BOX 332/45204 MORGAN CIRCLE
City-St-Zip: CALLAHAN, FL 32011

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TYRONE A. BLUE

P

09/07/2005

Electronic Signature of Signing Officer or Director

Date