

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000667

FILED
Aug 11, 2009
Secretary of State

Entity Name: COMMANDED BLESSINGS, INC.

Current Principal Place of Business:

612 NORTH BRONOUGH STREET
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

612 NORTH BRONOUGH STREET
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 01-0827264 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

Name and Address of New Registered Agent:

TOWELS, CARLIN
173 ELLIS ROAD
TALLAHASSEE, FL 32317 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TOWELS, CARLIN
Address: 173 ELLIS ROAD
City-St-Zip: TALLAHASSEE, FL 32317

Title: VD () Delete
Name: HARRIS, JAMES
Address: 8979 HARRIS PALMER LANE
City-St-Zip: TALLAHASSEE, FL 32309

Title: TD () Delete
Name: HOWARD, BARBARA
Address: 612 NORTH BRONOUGH STREET
City-St-Zip: TALLAHASSEE, FL 32303

Title: SD () Delete
Name: TOWELS, ANGEL
Address: 2501 LAKE BRADFORD ROAD
City-St-Zip: TALLAHASSEE, FL 32310

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:

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: CARLIN TOWELS

PD

08/11/2009

Electronic Signature of Signing Officer or Director

Date