

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 21 AM 9:04

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|---|---|---|--|--|--|
| DOCUMENT # N05000004930 1. Entity Name WAKULLA STATION COMMUNITY DEVELOPMENT, INC. | | | | | |
| Principal Place of Business 90 MT. PLEASANT LANE CRAWFORDVILLE, FL 32327 | | | Mailing Address 90 MT. PLEASANT LANE CRAWFORDVILLE, FL 32327 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 02112008 Chg-NP CR2E037 (12/06) | |
| 4. FEI Number 11-3748225 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent NORTON, ANNIE 704 WOODVILLE HWY. CRAWFORDVILLE, FL 32327 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE <u>Annie Norton</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | DATE <u>04.17.08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P STATEN, KENNETH 326 STATEN RD. CRAWFORDVILLE, FL 32327 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Member Deshaundra Norton 704 Woodville Hwy Crawfordville, FL 32327 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T ACKERMAN, LONNIE 2378 PEACHTREE DR TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Member Richard Harris, Sr. 78 Mt. Pleasant Lane Crawfordville, FL 32327 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S NORTON, PATRICK 704 WOODVILLE HWY. CRAWFORDVILLE, FL 32327 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary Kendall Y. Staten 326 Staten Road Crawfordville, FL 32327 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | M MANNING, ROBERT 8406 GABBY LANE TALLAHASSEE, FL 32305 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 900124791519 04/21/08--01007--002 **70.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | M TRIPLETT, JOSHUA 46 GEORGE CRUMP RD. CRAWFORDVILLE, FL 32327 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered. | | | | | |
| SIGNATURE: <u>Kendall Y. Staten</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | DATE <u>04.20.08</u> DAYTIME PHONE <u>850-421-5574</u> | | |