

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008763

FILED
Sep 06, 2006
Secretary of State

Entity Name: PROJECT S.O.C.K. COMMUNITY DEVELOPMENT CORP.

Current Principal Place of Business:

6974 WILSON BLVD.
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

6974 WILSON BLVD.
JACKSONVILLE, FL 32210

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:

Name and Address of New Registered Agent:

PRICE, SHAROLYN W
10711 LAWSONIA LINKS DR
JACKSONVILLE, FL 32222 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: P () Delete
Name: MILLS, GENELL M
Address: 1181 EMILY'S WALK LANE EAST
City-St-Zip: JACKSONVILLE, FL 32221 US

Title: VP () Delete
Name: JOHNSON, CURTIS L
Address: 7176 MATTHEW STREET
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: DIR () Delete
Name: PRICE, SHAROLYN W
Address: 10711 LAWSONIA LINKS DR.
City-St-Zip: JACKSONVILLE, FL 32222 US

Title: DIR () Delete
Name: JACOB, MARY A
Address: 3441 KINGSTON STREET
City-St-Zip: JACKSONVILLE, FL 32254 US

Title: DIR () Delete
Name: MOORE, DONNY W
Address: 4322 BIDDY LANE
City-St-Zip: JACKSONVILLE, FL 32210 US

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:

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 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: GENELL M MILLS

P

09/06/2006

Electronic Signature of Signing Officer or Director

Date