

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011486

FILED
Apr 17, 2009
Secretary of State

Entity Name: BLACK CROW CHARITIES, INC.

Current Principal Place of Business:

126 W INTERNATIONAL SPEEDWAY BLVD
DAYTONA BEACH, FL 32114

New Principal Place of Business:

Current Mailing Address:

126 W INTERNATIONAL SPEEDWAY BLVD
DAYTONA BEACH, FL 32114

New Mailing Address:

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

Name and Address of Current Registered Agent:

DEMARCHI, FRANK
126 W INTERNATIONAL SPEEDWAY BLVD
DAYTONA BEACH, FL 32114 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: P () Delete
Name: KNERLER, STACEY
Address: 126 W INTERNATIONAL SPEEDWAY
City-St-Zip: DAYTONA BEACH, FL 32114

Title: VP () Delete
Name: DEVIS, JAMES L
Address: 126 W INTERNATIONAL SPEEDWAY
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D () Delete
Name: LINN, J MICHAEL
Address: 126 W INTERNATIONAL SPEEDWAY
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D () Delete
Name: COBB, SHERRI
Address: 1510 RIDGEWOOD AVENUE
City-St-Zip: HOLLY HILL, FL 32117

Title: D () Delete
Name: SMITH, AL
Address: 154 S BEACH STREET
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D () Delete
Name: DEMARCHI, FRANK
Address: 126 W INTERNATIONAL SPEEDWAY BLVD
City-St-Zip: DAYTONA BEACH, FL 32114

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:

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: J MICHAEL LINN

DIR

04/17/2009

Electronic Signature of Signing Officer or Director

Date