2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N05000012075

Entity Name: NAVARRE COMMUNITY DEVELOPMENT CORPORATION

Current Principal Place of Business:

7232-ZOE CIRCLE
NAVARRE, FL 32566

New Principal Place of Business:

Current Mailing Address:

7232-ZOE CIRCLE
NAVARRE, FL 32566

New Mailing Address:

FEI Number: 20-3840986 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAREW, DONALD L
1955-ALFORD BLVD.
NAVARRE, FL 32566 US

Name and Address of New Registered Agent:

CAREW, DONALD L
7201 ALDEN CIRCLE.
NAVARRE, FL 32566 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: _____ 04/15/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CAREW, DONALD L
Address: 1955 ALFORD BLVD.
City-St-Zip: NAVARRE, FL 32566

Title: SD ( ) Delete
Name: CLANZY, BESSIE M
Address: 42 W. AUDREY
City-St-Zip: FT. WALTON BCH, FL 32548

Title: D ( ) Delete
Name: NORMAN, LESSIE
Address: 7201 ALDEN CIRCLE
City-St-Zip: NAVARRE, FL 32566

Title: D ( ) Delete
Name: PARKER, MARY HELEN
Address: 209 AJAX
City-St-Zip: FT. WALTON BCH, FL 32548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CAREW, DONALD L
Address: 7201 ALDEN CIRCLE.
City-St-Zip: NAVARRE, FL 32566

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: DONALD CAREW PD 04/15/2009
Electronic Signature of Signing Officer or Director — Date