

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05159

FILED
Jan 08, 2008
Secretary of State

Entity Name: THE PONCE INLET COMMUNITY CENTER, INC.

Current Principal Place of Business:

4670 S PENINSULA DRIVE
PONCE INLET, FL 32127 US

New Principal Place of Business:

Current Mailing Address:

4670 S PENINSULA DRIVE
PONCE INLET, FL 32127 US

New Mailing Address:

FEI Number: 59-2458545

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLISSETT, KASSANDRO E
4680 S PENINSULA DRIVE
PONCE INLET, FL 32127 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: PD () Delete
Name: HAGEY, SUSIE
Address: 4445 S ATLANTIC AVE, #103
City-St-Zip: PONCE INLET, FL 32127 US

Title: SD () Delete
Name: REDINGER, MARYANNE
Address: 9888 SOUTH ATLANTIC AVENUE
City-St-Zip: DAYTONA BEACH, FL 32127 US

Title: VD () Delete
Name: HINSON, JIM
Address: 4745 S ATLANTIC AVENUE
City-St-Zip: PONCE INLET, FL 32127 US

Title: TD () Delete
Name: HINSON, MARY LOU
Address: 4745 S ATLANTIC AVENUE
City-St-Zip: PONCE INLET, FL 32127 US

Title: D () Delete
Name: DAUKSIS, HAZEL
Address: 91 JENNIFER CIRCLE
City-St-Zip: PONCE INLET, FL 32127 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HIBBERT, WILLIAM
Address: 4750 RIVERGLEN BLVD
City-St-Zip: PONCE INLET, FL 32127 US

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: MARY LOU HINSON

TD

01/08/2008

Electronic Signature of Signing Officer or Director

Date