

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05159

FILED  
Jan 15, 2009  
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:**

BLISSETT, KASSANDRA E  
4300 S ATLANTIC AV  
PONCE INLET, FL 32127 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: KASSANDRA E BLISSETT

01/15/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HIBBERT, WILLIAM  
Address: 4750 RIVERGLEN BLVD  
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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: REDINGER, MARYANNE  
Address: 139 ANCHOR DR  
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:

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

01/15/2009

Electronic Signature of Signing Officer or Director

Date