

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05159

FILED
Feb 09, 2012
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:

CLAUSS, JEANEEN
4300 S ATLANTIC AV
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
Name: HINSON, JAMES
Address: 4745 S ATLANTIC AV #405
City-St-Zip: PONCE INLET, FL 32127 US

Title: SD
Name: REDINGER, MARYANNE
Address: 139 ANCHOR DR
City-St-Zip: PONCE INLET, FL 32127 US

Title: VD
Name: HAGEY, SUSIE
Address: 4445 S ATLANTIC AVENUE #103
City-St-Zip: PONCE INLET, FL 32127 US

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

I hereby 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 all other like empowered.

SIGNATURE: MARY LOU HINSON

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02/09/2012

Electronic Signature of Signing Officer or Director

Date