

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000520

FILED  
Apr 28, 2010  
Secretary of State

**Entity Name:** S & A COMMUNITY DEVELOPMENT CORPORATION

**Current Principal Place of Business:**

34 AXIE SMITH RD.  
QUINCY, FL 32352

**New Principal Place of Business:**

**Current Mailing Address:**

34 AXIE SMITH RD.  
QUINCY, FL 32352

**New Mailing Address:**

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

**Name and Address of Current Registered Agent:**

SIMPKINS, STEVEN  
34 AXIE SMITH RD.  
QUINCY, FL 32352      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  
Name: SIMPKINS, STEVEN  
Address: 34 AXIE SMITH RD.  
City-St-Zip: QUINCY, FL 32352

Title: VP  
Name: SIMPKINS, ALONZTTA  
Address: 34 AXIE SMITH RD.  
City-St-Zip: QUINCY, FL 32352

Title: T  
Name: PERKINS, MARY  
Address: 2001 N.W. 191 ST  
City-St-Zip: MIAMI GARDEN, FL

Title: D  
Name: MOSLEY, KRISTEN  
Address: P.O. BOX 176  
City-St-Zip: MALONE, FL 32445

Title: D  
Name: SCOTT, TYRONE  
Address: P.O. BOX 703  
City-St-Zip: QUINCY, FL 32352

Title: S  
Name: CARTER, MINUSHA  
Address: 2725 MISSON RD, APT 1104  
City-St-Zip: TALLAHASSEE, FL 32304

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: STEVEN SIMPKINS

P

04/28/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date