

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001039

FILED  
Mar 12, 2009  
Secretary of State

**Entity Name:** OPPORTUNITY FLORIDA COMMUNITY DEVELOPMENT CORPORATION

**Current Principal Place of Business:**

4636 HWY 90  
STE K  
MARIANNA, FL 32446

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 60  
CHIPLEY, FL 32428

**New Mailing Address:**

**FEI Number:** 20-3943007

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARCUM, JOHNE  
4015 W 27TH CT  
PANAMA CITY, FL 32405 US

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

MARCUM, JOHNE  
1036 LAPALOMA TERRACE  
PANAMA CITY, FL 32401 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:

03/12/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CLARK, GARY  
Address: 5282 PEANUT RD  
City-St-Zip: GRACEVILLE, FL 32440

Title: V ( ) Delete  
Name: EUBANKS, JOHNNY  
Address: 11493 NW SUMMERS RD  
City-St-Zip: BRISTOL, FL 32321

Title: T ( ) Delete  
Name: MONTFORD, VICKI  
Address: 10911 NW STATE RD 20  
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: S ( ) Delete  
Name: WARD, BYRON  
Address: 4627 MEADOWVIEW RD  
City-St-Zip: MARIANNA, FL 32446

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: C (X) Change ( ) Addition  
Name: EUBANKS, JOHNNY  
Address: 11493 NW SUMMERS RD  
City-St-Zip: BRISTOL, FL 32321

Title: VC (X) Change ( ) Addition  
Name: WARD, BYRON  
Address: 4627 MEADOWVIEW ROAD  
City-St-Zip: MARIANNA, FL 32446

Title: S (X) Change ( ) Addition  
Name: MONTFORD, VICKI  
Address: 10911 NW STATE RD 20  
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: T (X) Change ( ) Addition  
Name: SAUNDERS, FARNITA  
Address: 221 N MADISON STREET  
City-St-Zip: QUINCY, FL 32351

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: SUSAN ESTES

MGR

03/12/2009

Electronic Signature of Signing Officer or Director

Date