

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001040

FILED
Apr 21, 2008
Secretary of State

Entity Name: OPPORTUNITY FLORIDA COMMUNITY LAND TRUST, CORPORATION

Current Principal Place of Business:

PO BOX 60
CHIPLEY, FL 32428

New Principal Place of Business:

4636 HWY 90
STE K
MARIANNA, FL 32446

Current Mailing Address:

PO BOX 60
CHIPLEY, FL 32428

New Mailing Address:

FEI Number: 20-3943163

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIVARD, BO
101 HARRISON AVE
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

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

04/21/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CLARK, GARY
Address: PO BOX 127
City-St-Zip: GRACEVILLE, FL 324400127

Title: V () Delete
Name: EUBANKS, JOHNNY
Address: PO BOX 454
City-St-Zip: BRISTOL, FL 32321

Title: T () Delete
Name: MONTFORT, VICKI
Address: 20118 CENTRAL AVE W
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: () 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: GARY CLARK

PRES

04/21/2008

Electronic Signature of Signing Officer or Director

Date