2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2009
Secretary of State

DOCUMENT# N06000012927

Entity Name: TABOR COMMUNITY CENTER, INC.

Current Principal Place of Business:

5451 NW 27TH AVE
OCALA, FL 34475

New Principal Place of Business:

Current Mailing Address:

5410 NW 27TH AVE
OCALA, FL 34475

New Mailing Address:

FEI Number: 83-0468387 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

NELSON, T. PATRICIA
4817 PINE AVE
COLEMAN, FL 33521 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: DC ( ) Delete
Name: NELSON, T. PATRICIA
Address: 5451 NW 27TH AVE
City-St-Zip: OCALA, FL 34475

Title: DVC ( ) Delete
Name: HUDSON, BILLIE
Address: 5451 NW 27TH AVE
City-St-Zip: OCALA, FL 34475

Title: DS ( ) Delete
Name: TOOMBS, JAMES
Address: 5451 NW 27TH AVE
City-St-Zip: OCALA, FL 34475

Title: DT ( ) Delete
Name: VEREEN, BRENDA
Address: 5451 NW 27TH AVE
City-St-Zip: OCALA, FL 34475

Title: D ( ) Delete
Name: JONES, QUEEN
Address: 5451 NW 27TH AVE
City-St-Zip: OCALA, FL 34475

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change ( ) Addition
Name: FIELDS, DWAYNE
Address: 10 SPRING COURSE
City-St-Zip: OCALA, FL 34472

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: REV. T. PATRICIA NELSON REV 05/20/2009

Electronic Signature of Signing Officer or Director — Date